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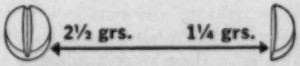
This special Children's Size Aspirin makes it easy for mothers to follow your prescribed dosage. Children's size is offered in a 2½ grain grooved tablet that is easily broken to administer 1¼ grain dose. The tablets disintegrate rapidly for mixing with administering vehicle recommended by the physician.



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Between Ourselves

Frequently, in past issues, we have mentioned the importance of ***hobbies*** as therapeutic agents for the convalescent or chronically ill patients, as mental stimulants to active nurses, as possible sources of income to those no longer able to carry their full burden of professional work. Occasionally we have given you glimpses of how to work up certain crafts. This month we are devoting considerable space to descriptions of several interesting hobbies, written by nurses who have found pleasure and satisfaction from these crafts during their leisure hours.

All of these articles have been contributed from Ontario. They do not begin to exhaust the field of intriguing activities that these busy women have developed. A few years ago, a competitive exhibit of many varieties of finished products was featured at the annual convention of the R.N.A.O. Some day, doubtless, someone will suggest an interprovincial competition for nurses. So that every province may have an equal chance, if and when such a display is sponsored, the nurses in the other provinces will want to begin to practise. We recall that Saskatchewan nurses had a hobby project—once upon a time. Is it still being carried on?

* * *

Though **Mary (Dampier) Mathieson's** *article* on the ***Public Health Nursing Page*** is aimed particularly at industrial nurses, there is a sound message there for every nurse wherever she may be working. Too many of us are prone to overlook our opportunities to interest the general public in what we are doing. We tend to leave the business of good public relations to some nameless person whose task it is to prepare press releases. That form of publicity is so much less valuable, actually, than the job that each one of us does, consciously or unconsciously, every day.

* * *

This month we are publishing the first half of a long article on the topic, ***Radiation Sickness.*** It is written in simple enough phraseology that every nurse and many lay people can readily understand the various aspects of the care that would be needed. **Dr. Z. S. Hantchef** prepared a full description of the many-sided effects of atomic bombing. This section of his report is of greatest value to our professional group. The second instalment of this article will be published in our September issue.

* * *

At the 1951 R.N.A.O. convention, three student nurses contributed very interesting papers at the special session arranged for this group. We shall be presenting all of these papers on our ***Student Nurses Page*** in successive issues. It is reassuring to find the students of today willing to and interested in coming to grips with the problems that face our profession. The first paper was prepared jointly by several students and their combined thinking was presented to the well attended and representative student session in Toronto.

Industrial Nurses — Note!

The Bilingual Division of Industrial Nurses (A.N.P.Q.) will hold a conference at the McGill School for Graduate Nurses, 1266 Pine Ave. W., Montreal 25, on **September 10, 11, and 12.** The fee is $8.00 for the entire program—$1.50 per session (a.m. or p.m.). Accommodation will be available at Royal Victoria College, 555 Sherbrooke St. West, at $2.50 per day. Apply *Miss G. Gormley, Sec.-Treas., Conference Committee, 4289 Dorchester St. W., Montreal 6, Que.*

* * *

A refresher course for industrial nurses will be held at the McMaster University School of Nursing on **September 12, 13, 14, and 15.** Residence accommodation will be provided if required. Apply *School of Nursing, McMaster University, Hamilton, Ont.*

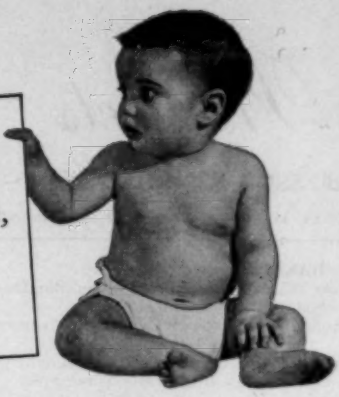
* * *

Recent research is demonstrating that the three broad-range antibiotics—terramycin, aureomycin, and chloromycetin—are valuable in treating whooping cough. The most significant change noted in the infants treated with any of these three antibiotics was "the reduction in the duration of the whoop stage by about 60 per cent." Much of the severe damage caused by pertussis occurs during this stage. Any shortening of this phase of the disease is surely desirable.

—*Medical and Pharmaceutical Information Bureau, N.Y.C.*

How times (to start meat) have changed!

1915
Beef Broth, 9 or 10 months



1943
Scraped Meats, 7 months

1951
Strained Meats, 3 to 4 months

Where meat was once withheld until seven or eight months, today it takes its rightful place beside baby's first solid foods. In a recent survey among mothers who are feeding meat, 47.4% stated that doctors recommended it for their babies at *four months* or earlier. Some doctors advocate 2 weeks.

Doctors, and mothers too, have been quick to welcome the addition of meat to baby's diet early in life. It was only four years ago that Swift first developed specially prepared meats, and inaugurated clinical studies to evaluate meats' specific benefits. Since then, babies have been started on meat at younger and younger ages.

Ounce for ounce, no other infant food supplies more of the complete proteins, B vitamins and natural food iron that baby needs than Swift's Meats for Babies. Laboratory-controlled preparation insures maximum retention of nutrients. Swift's Meats for Babies and Juniors are ready to serve at a saving of almost half the cost of home-prepared meats.

All nutritional statements made in this advertisement are accepted by the Council on Foods and Nutrition of the American Medical Association.

Clinical studies show benefits of early meat-feeding

TO PREMATURES: Nutrients in Swift's Meats for Babies well tolerated, well utilized at this age. Also, significant retention of iron: *University of Rochester.*

AT SIX WEEKS: Increasing protein intake 25% by addition of Swift's Meats for Babies to formula, promoted hemoglobin and red blood cell formation: *Leverton and Clark, "Meat in the Diet of Young Infants," J. A. M. A. 134, (August) 1947.*

WITH ALLERGY CASES: A formula using Swift's Meats for Babies offers an effective milk substitute for infants allergic to milk proteins: *"Nutritive Value of Mineral-Enriched Meat and Milk," McQuarrie & Ziegler, Pediatrics, Vol. 5, No. 2, (February) 1950.*

SWIFT... *foremost name in meats*

...makers of the only 100% Meats for Babies in Canada

New Products

Edited by **PROFESSOR F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

BASALJEL

Manufacturer—John Wyeth & Bro. (Canada) Limited, Walkerville, Ont.

Description—Basic Aluminum Carbonate Gel.

Indications—Prophylaxis of recurrent phosphatic renal stone, after surgery or prolonged immobilization.

Administration—One or 2 tablespoonfuls 3 times a day as directed by the physician. As an antacid, 1 or 2 teaspoonfuls undiluted or with a little water as required.

DICRYSTICIN

Manufacturer—E. R. Squibb & Sons of Canada Limited, Montreal.

Description—Dry sterile powder, containing in each one-dose vial: 300,000 I.U. Procaine Penicillin G.; 100,000 I.U. Buffered Crystalline Potassium Penicillin G.; 0.5 gm. pure Dihydrostreptomycin base in the form of its sulphate. For reconstitution with 2 cc. water for injection.

Indications—Treatment of peritonitis, mediastinitis, brain abscess, or other infections in which the causative organisms cannot be identified; also in some mixed infections, particularly those involving Gram-positive and Gram-negative organisms—e.g., those common in the respiratory or urogenital tract and in contaminated accidental wounds. May be given for prophylaxis in surgery. It may also be valuable in selected cases of septicemia or subacute bacterial endocarditis caused by enterocci or other organisms susceptive to both streptomycin and penicillin.

Administration—*Intramuscularly.* The dose of Dicrysticin should be determined primarily by the currently recommended dihydrostreptomycin dosage.

It is recommended that treatment be continued for 3 or 4 days after the temperature has returned to normal or cultures have become consistently negative. In cases of subacute bacterial endocarditis it is recommended that the treatment be continued for a minimum of 6 to 8 weeks.

FUNGOL OPHTHALMIC

Manufacturer—E. B. Shuttleworth Chemical Co. Ltd., Toronto.

Description—Sodium Propionate 7.5% solution.

Indications—Ocular infections due to a variety of fungi and bacteria.

Administration—Instil one drop into each eye 3 or 4 times daily.

OPTHYL No. 23 OINTMENT

Manufacturer—Charles R. Will & Company, London, Ont.

Description—Penicillin G Potassium 25,000 I.U. per gm. of opthalmic ointment.

Indications—Eye infections due to Gram-positive organisms, such as acute purulent conjunctivitis, infected hordeolum, chalazion, infection, dacryocystitis, superficial infections of skin around eyelids, etc.

THIOSULFIL Tablets

Manufacturer—Ayerst, McKenna & Harrison Ltd., Montreal.

Description—Each scored tablet contains 0.25 gm. sulfamethylthiodiazole, a readily absorbed, rapidly eliminated sulfonamide for urinary tract infections, apparently practically free of side effects.

Indications—Urinary tract infections due to sulfonamide-susceptible organisms.

Administration—Adults, 1 to 2 tablets, 5 or 6 times daily. Children, ½ to 1 tablet, 5 or 6 times daily. Fluid intake should be limited.

AZURETS

Manufacturer—Lakeside Laboratories. Canadian distributors, Wilby & Co., Montreal.

Description—Each Azuret contains: Amphetamine phosphate 2.5 mg., Acetylsalicylic acid 300 mg., Thiamine HCl 10 mg., Homatropine methylbromide 1.25 mg.

Indications—Dysmenorrhea, smooth muscle spastic and hypertonic states, delayed convalescence, to diminish neuromuscular spasm in "alcoholic aftermath."

Administration—1 or 2 as prescribed. Contraindicated in hypertension and cardiovascular disease.

AUREOMYCIN CRYSTALLINE OTIC

Manufacturer—Lederle Laboratories Division, North American Cyanamid, Montreal.

Description—Aureomycin HCl powder 50 mg. and 10 cc. diluent (Benzocaine 5%, Propylene Glycol 95%).

Indications—Treatment of acute and chronic otitis media.

Administration—2 or 3 drops of suspension applied locally to affected ear 3 times daily. Severe infections may require systemic aureomycin therapy. Suspension is prepared by adding entire contents of diluent to vial of aureomycin and shaking. Suspensions must be stored in a refrigerator; then show no significant loss of potency within 7 days.

BETALIN 12 CRYSTALLINE

Manufacturer—Eli Lilly and Company (Canada) Limited, Toronto.

Description—Each cc. contains 30 mcg. of Vitamin B_{12} Crystalline in sterile isotonic solution (twice U.S.P. strength) with phenol 0.25% as preservative.

Indications—Pernicious anemia, nutritional macrocytic anemia, non-tropical sprue, tropical sprue. Particularly in patients who are sensitive to liver extract.

Administration—Subcutaneously or intramuscularly.

F-99 CAPSULES, DROPS, OINTMENTS

Manufacturer—Diva Laboratories Ltd., Zurich, Switzerland. Canada: P.O. Box 116, Victoria, B.C.

Description—Unsaturated fatty acids from vegetable oils. Capsules and drops for oral use and ointment for concomitant application.

Indications—Suggested for eczema, psoriasis, etc.

FURACIN ANHYDROUS EAR SOLUTION

Manufacturer—Eaton Laboratories Inc., Toronto.

Description—Furacin (brand of Nitrofurazone N.N.R.) 0.2% in polyethylene glycol 300; an anhydrous, water-soluble, hygroscopic, non-irritating vehicle, especially designed for aural application.

Indications—Bacterial otitis media and otitis externa. Not indicated in severe otitis media with cholesteatoma.

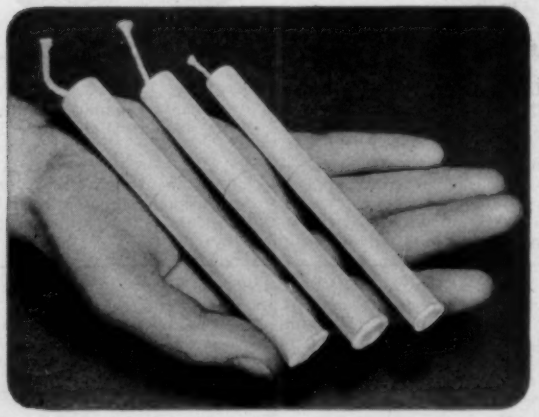
Administration—Suggested that one-third dropperful (about 0.5 cc.) be instilled 3 or 4 times daily after cleaning the meatus by irrigation and drying. A cotton plug may be inserted in the meatus afterwards.

TAMPAX FACTS NO 3

Properly used, they provide "complete absorption of the flow."[4]

Correct tampon size in relation to vaginal length and caliber (with proper technique of insertion) are the only prerequisites of complete protection during the menstrual period. Tests, under conditions of use with the expansion of the tampon restricted, indicate the average absorbency for Super TAMPAX as approximately 17 cc, for Regular TAMPAX approximately 12 cc and for Junior TAMPAX approximately 9 cc—whereas, actual clinical studies[1] of a representative group of women show the periodic flow to average only 50.55 cc. Thus, with correct usage and absorptive capacity of more than 170 cc, 120 cc and 90 cc in each package of ten Super—Regular—Junior TAMPAX tampons respectively, the margin of safety assures adequate protection for the entire period—simply by inserting the tampons at proper intervals. Besides providing ample absorptive capacity, TAMPAX is safe,[3] comfortable,[4] and convenient.[5] Its use has also been reported as psychologically beneficial.[2]

The fact that, during the last 14 years, *over 2 billion* TAMPAX have been purchased reflects the strong confidence that women place in their physicians' judgment.



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Effective . . . well tolerated . . . safe

BASALJEL diverts excreted phosphate to the intestinal route by forming insoluble aluminum phosphate. Thus, formation or growth of renal stones is inhibited without the hazard of systemic acid-base imbalance.

Clinical studies on a series of 22 patients who showed in their histories a tendency to develop phosphatic stone demonstrated that therapy with BASALJEL gives "highly favourable" results — and that treatment was "well tolerated and without harmful effects."[1]

1. Shorr, E., and Carter, A. C.: J.A.M.A. 144:1549 (Dec. 30) 1950.

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TRADE MARK

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Thiamine Hydrochloride	1.3 mg.
Riboflavin	1.5 mg.
Ascorbic Acid	80 mg.
Vitamin B_{12}	1 mcg.
Niacinamide	10 mg.

THIS multivitamin product really registers with the younger set. To them, it is a daily treat as inviting as a spoonful of yellow honey, as delicious as something from the candy store. Yet VI-DAYLIN possesses a potent, well-balanced formula of vitamin factors essential to the proper growth and development of children. Note the addition of vitamin B_{12}. VI-DAYLIN mixes readily with infant formulas, is stable without refrigeration. Available at pharmacies in 90-cc. and 8-fluidounce bottles.

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-SEVEN *NUMBER EIGHT*

MONTREAL, AUGUST, 1951

Nurses in Civil Defence

Average reading time — 3 min. 12 sec.

THE NURSES OF CANADA are all aware, by now, of the fact that a picked group representing the various provinces attended one or another of the courses sponsored in six centres by the National Security Resources Board of the United States. Following these courses a small Committee on Nursing was set up to serve in an advisory capacity to the Health Planning Group, Department of National Health and Welfare. One of the assignments this special committee has carried out has been to act in an advisory capacity to the Casualty Services Working Party in the matter of setting up emergency hospital staffing plans.

A big part of this committee's activity through the spring months was devoted to making preparations for a conference held in Ottawa during June when plans were drawn up for standardized courses in the nursing aspects of atomic warfare. It was felt that if, at the federal level, responsibility could be assumed for preparing an instructor group across the country, then decentralization could follow quickly with the provinces handling the breakdown into the shorter courses for other nurses — general duty, private nursing, staff in institutions and public health, inactive and student — in every community and the auxiliary personnel.

At the Ottawa conference, the nurses from all parts of Canada, who had been enrolled in the courses given in the United States, met to pool their ideas and to approve a teaching guide for a four-day course for the instructor group and a shorter course for the staff group. It was proposed that the instructor group across the country should be prepared by the team method working regionally. Five regions were suggested — Maritimes, Quebec, Ontario, mid-West, far West. The team would have such personnel as: a doctor, a scientist, an engineer, two nurses, and a secretary. If 70 instructors were prepared in each region, in a relatively short time there would be 350 trained individuals to begin the instruction of the staff group.

The early appointment of a nursing coordinator is pending. It is anticipated that she will make a field trip, before the teams start out, to

Front row, left to right — M. Walker (Ottawa), E. Pepper (Ottawa), H. McArthur (Toronto), D. Percy (Ottawa), E. Groenewald (Que.), E. Robertson (Ottawa), A. Macleod (Ottawa). *Second row, left to right* — A. W. Lindsay (N.B.), P. Batt (N.B.), M. Campbell (B.C.), B. Laliberté (Que.), E. Watts (Man.), M. F. Trout (B.C.). J. Collison (B.C.), *Third row, left to right* — A. Peverley (Que.), L. MacKenzie (Man.), C. Van Dusen (Alta.), K. DeMarsh (Sask.), E. Summers (Nfld.), D. Dick (Man.), A. McArthur (Ont.). *Fourth row, left to right* — M. Acland (Ottawa), M. Henderson (B.C.), S. Giroux (Que.), P. Lyttle (N.S.), W. Barratt (Man.), M. Paterson (Alta.), R. Ross (P.E.I.).

set the stage for the smooth functioning of the teams. The coordinator would work with the provincial Civil Defence authorities and the provincial nurses' associations to set up representative nucleus committees whose job it would be to make local arrangements for the courses. This committee would endeavour to secure a representative attendance at the courses from the instructor group of the province or provinces included in each region.

The Conference participants in Ottawa devoted the major part of their time to the critical analysis of a proposed Manual for the Instructor Group. The initial spade-work in its preparation was done beforehand by a special sub-committee consisting of Miss E. Groenewald, Miss E. Robertson, and Miss M. Walker. They did mountains of reference reading, screening, and checking on the many facets of the Nursing Aspects of Atomic, Bacteriological and Chemical Warfare. Eventually, it is anticipated that this Manual will be available, in both English and French, as a teaching tool for the corps of 350 instructors.

Concurrently, we shall continue to publish, regularly, informative articles relating to various phases of Civil Defence. One practical suggestion that has been made is that the nurses of Canada should clip all of these articles from their copies of the *Journal* and place them in a special folder or file for future reference. We commend to your special attention the article on the next page on radiation sickness.

Whether we shall ever have occasion to use this new knowledge or not is of less importance than that every nurse should be fully aware of her responsibilities in the event of a dire emergency arising. "Be prepared" is a sound motto for us to follow.

An early attempt at treatment to straighten a squinting eye is recorded by Paulus Aegineta in 500 B.C. This consisted of wearing a mask with two perforations placed centrally before the eyes. It was argued that the squinting eye, finding vision obstructed by the mask, would assume a straight position.

—*New Zealand Nursing Journal*, Apr. 1951.

The Effects of Atomic Radiation

Z. S. HANTCHEF, M.D., D.P.H.

Average reading time — 16 min. 24 sec.

THESE ARE the only effects which are really peculiar to the atomic bomb. They are very serious but the persons most exposed to them — i.e., the persons nearest the epicentre — are likely to be killed by blast or heat and each of these causes is sufficient in itself. It is difficult and of no practical value to know whether they succumbed to blast, heat, or radiation.

The energy released in the form of nuclear radiations is scarcely 3 per cent of the total energy of the explosion and there is no doubt that scarcely 1 per cent reaches the ground. This, however, is enough to cause victims on the same day and, particularly, afterwards. The danger of radioactivity is twofold:

1. At the very moment of the explosion, the radiations released, particularly the gamma rays, penetrate the tissues and enter into the system, thus causing radiation sickness.

2. After the explosion in bombed cities there exist, in certain cases, fission products which continue to emit radiations and neutrons may have made the soil, and other objects which they have entered, radioactive. This is known as residual radioactivity. It is much less powerful than instantaneous irradiation but can, nevertheless, in the long run provoke dangerous lesions. Nothing like this, however, occurred in Japan and the book, *The Effects of Atomic Weapons*, which we have used as a source, does not consider the threat to be very serious.

RADIATION SICKNESS

The syndrome produced by irradiation and called "atomic bomb sickness" is similar to the illness caused by over-exposure to x-rays.

John L. Tullis has compared the fate of the animals exposed at Bikini with the fate of animals of the same kind exposed to acute irradiation in the Naval Medical Research Institute. He concluded that the lesions produced by total exposure to nuclear radiations from an atomic explosion are in no way distinguishable from those produced by general exposure to x-rays at one million volts.

The syndrome was to be observed, together with its precocious or retarded symptoms, among all the Hiroshima survivors within a radius of between approximately 2,100 and 9,000 ft. The most serious cases were those of persons who were quite near the epicentre but protected from blast and heat. There is the case of a building situated at approximately 200 yards from the epicentre and containing 23 persons. The building stood up to the explosion and the inhabitants had only slight injuries from glass splinters, but 21 of them fell ill and died within two weeks.

Distances smaller or greater than those mentioned are of little interest. At less than 2,100 ft. injuries and burns are so serious that radiation need not be considered. At more than 9,000 ft. the dose is generally too small to have serious consequences.

The elements of the atomic explosion causing radiation injuries at the moment of bombing are gamma rays, alpha and beta particles, and neutrons. Alpha particles and neutrons are very powerful but are easily absorbed by the atmosphere as are the beta particles. The gamma rays, on the contrary, are very penetrating and, therefore, more dangerous. All these rays and particles travel in a straight line, like light, but neutrons can bounce off surfaces which they touch.

It is important to note that gamma rays by themselves are incapable of rendering any substance radioactive. Only neutrons are capable of this.

The doses of radiation can be measured in roentgens, although strictly

Reprinted from the *International Health Bulletin* (Oct.-Dec. 1950) of the League of Red Cross Societies, Geneva, Switzerland.

speaking this unit is only applicable to x-rays and gamma rays.

The effects of radiations on living persons depend on the total dose received and also on the rate of absorption. They vary according to whether the dose is acute (all received in a short time) or chronic. Six hundred roentgens are lethal if they are absorbed in a single day but would have no appreciable effect if received during 30 years. If the dose absorbed each day is very small, it is possible for the affected tissue to build up a resistance. A dose of 0.3 roentgen per week is harmless over a period of several months.

The explosion of an atomic bomb can result in acute radiation. The effects of residual radioactivity due to fission products might determine a chronic dose. In other words, in the long run, it might be dangerous to stay at the scene of the explosion if the ground is strewn with fission products, as in the case of a ground or water burst.

Experiments on animals, whose sensitivity to radiations is approximately the same as that of man, have shown that the effects of radiations vary according to the dose (see below). This table is, however, not completely accurate as sensitivity to radiations differs from one individual to another.

The effects of radiation sickness, which are decreasingly acute according to the dose, are described as follows in *The Effects of Atomic Weapons:*

PROBABLE EARLY EFFECTS OF ACUTE RADIATION DOSES OVER WHOLE BODY
(Taken from *The Effects of Atomic Weapons*)

Acute Dose	*Probable Effect*
0– 25 roentgens	—No obvious injury.
25– 50 "	—Possible blood changes but no serious injury.
50–100 roentgens	—Blood-cell changes, some injury, no disability.
100–200 roentgens	—Injury, possible disability.
200–400 roentgens	—Injury and disability certain, death possible.
400 roentgens	—Fatal to 50 per cent.
600 roentgens or more	—Fatal.

(a) Lethal dose — about 600 roentgens or more. Fatal within 2 weeks of the explosion; all treatment useless.

(b) Semi-lethal dose — about 400 roentgens, mortal in 50 per cent of the cases, death occurring between 2 and 12 weeks after the explosiom.

(c) Moderate dose — from 100 to 300 roentgens. Generally non-lethal.

Lethal dose: When the dose reaches several thousand roentgens, death occurs immediately or within a few hours but in view of the circumstances no observations have been made in such cases. In cases of lethal, but not extreme, exposure, individuals were found to exhibit varying degrees of shock within a few hours. During the first day or two this was accompanied, or shortly followed, by nausea and vomiting and then by diarrhea with subsequent fever. The sooner the foregoing symptoms developed, the sooner was death likely to occur. The patients did not suffer pain but experienced a feeling of discomfort (malaise) accompanied by marked bodily fatigue. Some of them were free from symptoms for 2 or 3 days but this was succeeded by their reappearance, rapidly rising temperature, delirium and coma, terminating in death, usually within two weeks.

Other symptoms observed were secondary infection and a tendency to spontaneous internal bleeding, swelling and inflammation of the throat. Post-mortem examination revealed a decrease in size and degenerative changes in the testes and ovaries, ulceration of the tonsils and of the mucous membrane of the large intestine, and striking changes in the composition of the blood.

Semi-lethal dose: The initial symptoms are the same, but develop somewhat later and are less severe. They disappear after a day or two, and two weeks may elapse in which the patient feels relatively well. However, this latent period is followed by a recurrence of the illness with fever, severe diarrhea, and a gradual steady rise of temperature. Between the second and third week, there is a marked

tendency to bleed. Petechiae, spontaneous bleeding in the mouth and in the lining of the intestinal tract, and hematuria are observed. This tendency to bleed apparently depends on the disappearance of thrombocytes and on capillary damage.

Other symptoms observed were loss of hair and ulceration of the lips extending from the mouth through the entire gastrointestinal tract. Finally there is extensive bacterial infection. In the most serious cases there was severe emaciation with fever and delirium, resulting in death within 12 weeks after exposure. Patients who survived for more than three months and did not succumb to tuberculosis, lung diseases or other complications, gradually recovered.

Moderate dose: The initial symptoms are similar but are less rapid and less violent. They are followed by a latent period of two to three weeks during which the patient has no disabling illness and can proceed with his regular occupation. The usual symptoms, such as loss of appetite, discomfort, loss of hair, diarrhea, and tendency to bleed, then reappear, but they are not very severe. Typical changes in the blood are also observed but to a lesser degree. If there are no complications due to infections, there is usually recovery with hair growth recommencing after about two months. However, recovery may be hindered by changes in the intestinal tract and by intractable diarrhea, which may produce serious malnutrition. The more severe the early stages of the radiation sickness, the longer and more difficult will be the process of recovery.

Diagnosis of Radiation Sickness

The most characteristic changes are those which take place in the blood. From the second day following exposure, there is a very rapid drop in the total white blood cell count and this continues for five or six days. The number of white blood cells falls, for example, from 4,000 to 1,000 per cubic millimeter or even to a few hundred. After a week, this number increases with patients who are in process of recovery. At the end of the third week, the number of granulocytes also increases. During this time the erythrocytes may show a decline.

The stronger the dose, the greater the decrease in the number of white cells. If the number of white cells falls much below 2,000 per cubic millimeter, the chances of recovery are slight. If it is less than 500 per cubic millimeter, they are non-existent. At present the white blood cell count is considered to be the most valuable and direct single means of establishing a diagnosis in radiation sickness and of following the course of the disease. Naturally, there are other diseases which can lower the number of white cells. It would be necessary to make sure, at the time of the bomb explosion, that there was no serious epidemic such as influenza which might diminish the number of white blood cells. The observed decrease in the white blood cell count must be appreciable if any importance is to be attached to it as a means of diagnosing radiation sickness. To sum up, the approximate dose of radiation received by an individual and the necessity for treating him can be determined by testing his blood and counting the white blood cells.

Pathology of Radiation Sickness

Cellular sensitivity: The damage caused by radiation sickness undoubtedly originates in the individual cells: chromosome breaking, accumulation of the chromatin, increased granulation of the cytoplasm, and complete disintegration of the cell. Different types of cells show remarkable variations in their response. In general, rapidly multiplying or actively reproducing cells are more radiosensitive than are those in a more quiescent state. The most radiosensitive of the more common tissues are: lymphoid tissue and bone marrow; epithelial cells (testes and ovaries, salivary glands, skin and mucous membrane); endothelial cells of blood vessels and peritoneum; connective tissue cells; muscle cells; bone cells; and nerve cells.

Lymphoid tissue (lymph gland, ton-

sils, spleen and certain parts of the intestinal lining): Lymphoid cells are the most radiosensitive of all. The lymphoid tissue degenerates and this was an outstanding phenomenon both in the Japanese and in the animals later exposed at Bikini. The result is a decrease in the number of lymphocytes in the blood for the radiation not only damages the lymphocyte-producing tissue, but it also kills or injures the lymphocytes within the blood. These cells are the first to be killed but are also the first to show signs of regeneration if recovery is to take place. Clinically, the effect of radiation on lymphoid tissue is shown by a tendency to swell. The tonsils become so swollen that breathing and swallowing become difficult and the swellings become ulcerated and infected.

Bone marrow: In normal circumstances the constituents of the blood, nearly all of which are manufactured in the bone marrow, leave it when they become mature and make their way into the blood stream where they remain before being destroyed by natural processes. The blood cells with shorter lives are the first to disappear from the blood stream, as the bone marrow is unable to manufacture new cells. The lymphocytes are reduced first. Next the platelets (or thrombocytes) and then the granulocytes. The red blood cells, which have the longest lives, are naturally the last to show a reduction in number. Bone marrow exhibits very striking changes soon after exposure; the tissues forming the blood cells refuse to function. There was some evidence of attempts at regeneration in patients who died from radiation sickness three to four months after exposure but in some instances a gelatinous deposit replaced the normal marrow tissue.

Reproductive organs: Post-mortem examinations revealed profound changes in the testes of all the male victims. The spermatozoa were destroyed and the spermatogenous tissue degenerated. The ovaries seemed to be less affected. Ovulation, however, was abnormal or did not occur in the days following the explosion. Menstruation ceased though amenorrhea was already common in Japan at that period of restrictions and anxiety. Miscarriages and premature births were much more frequent after the explosion, particularly in women who had been close to the epicentre.

The total body dose of radiation necessary to sterilize a man is believed to be from 400 to 600 roentgens, which would be lethal in most cases. Temporary sterility can occur with smaller doses. Since the bombings, many persons who suffered from radiation sickness have produced normal children and there is no case of sterility which can be attributed with certainty to the effects of the atomic bomb.

The importance of the genetic consequences of the atomic bomb should, therefore, not be exaggerated. If mutations occur, they will be similar to habitual mutations, and probably indistinguishable. The Atomic Bomb Casualty Commission is carrying out a long-term genetic study of survivors at Hiroshima and Nagasaki.

Skin and hair: The only definite evidence of radiation on the skin was loss of hair, mainly on the scalp. This started usually on the 13th or 14th day after the explosion, continued for one or two weeks and then ceased. The hair started to grow again within a few months and in no instance was the epilation permanent.

Gastrointestinal tract: The mucous membranes first swelled, then became ulcerated. The ulcers became covered with a diphtheria-like membrane, suggesting that seen in bacillary dysentery. During the third and fourth week, there was general inflammation and a thickening of the intestinal wall. These effects seem due to the devitalization of tissues as a primary effect of radiation and lowered local resistance as a result of the decrease in the white blood cells.

Other pathological findings: Injury to the reticuloendothelial system appears to account for a considerable part of the complex phenomena characterizing radiation sickness. For example: hemorrhages are frequent and may be observed as petechiae, bleeding from the gums, nose and

throat, behind the retina of the eye, or into the urinary tract. They may enable bacteria to gain access to the blood stream and cause blood poisoning and local abscesses.

Atomic bomb cataracts: Because of the discovery of cataracts in a number of cyclotron workers about three years or so after exposure, a study was made of the incidence of cataracts among the survivors of the bombings at Hiroshima and Nagasaki. By early 1950, 45 cases of cataracts had been identified in persons who were within 3,300 feet from ground zero at the time of the respective explosions. These cataracts are similar to those associated with over-exposure to x-rays or gamma rays and it is impossible to say whether they were caused by gamma rays or neutrons. The persons in question had been in zones where other persons had died, either from the thermal or mechanical effects of the bomb. They had been exposed to considerable intensities of radiation, as is shown by particularly serious radiation sickness and complete loss of hair. If it had not been for fortuitous screening, they would certainly have succumbed to the sickness.

(*To be continued*)

To Talk Far Off

WINNIFRED MACLEAN

Average reading time — 2 min. 24 sec.

MRS. JONES has been in hospital for only a few days but already she is worrying about how her mother is getting along looking after the children. When her husband came to see her last night he said that everything was fine, but if she could only call home on the telephone she could rest more easily!

Mr. Harris was rushed off to hospital so quickly he didn't have time to give his partner all the necessary details about that new contract they were on the point of closing. The incision made it painful to move but how could he relax as the nurse told him to, with the unfinished business hanging over him? Now if only he

Miss MacLean is assistant director of nursing at the Royal Victoria Hospital, Montreal.

Courtesy The Bell Telephone Co. of Canada

Hello, all of you at home!

had a telephone he could straighten things out in ten minutes. Maybe the nurse could get the message straight and telephone for him. . . .

Over and over again, a thousand times a day in hospitals across Canada, patients long for this medium of communication that has become such an essential part of our existence. The derivation of the word "telephone"—to talk far off—indicates the need that this instrument has filled since it was first introduced to a wondering world in 1876. Today, this desired link with home or business is made possible for ward patients at the Royal Victoria Hospital, Montreal, and in numerous other hospitals in Ontario and Quebec.

Primarily adapted for use in military hospitals, as morale boosters for disabled veterans, "telecart" service, installed by The Bell Telephone Company of Canada, has since branched out to the public wards of civilian hospitals. Consisting of a public telephone on a wheeled cart, with a long plug-in extension cord, the telecarts are light enough to be pushed to the bedside by any of the ambulatory patients, if the nurses are too busy to assist. The outlets are placed at frequent intervals down each side of the ward thus providing the facilities for every patient in a large ward. To guarantee the ready availability of the telecarts when desired, patients are requested not to have their friends telephone to them though this occasionally occurs since each telephone has a number.

The first large-scale use of telecarts in Montreal was made at Queen Mary Veterans' Hospital where 18 are now located in all wards. A similar number are in use at Ste. Anne de Bellevue Hospital. Royal Victoria and the Central Division of the Montreal General Hospital were the first civilian hospitals to recognize the usefulness of telecarts. There are now 39 such portable public telephones in use in six of Montreal's hospitals with smaller numbers in several other cities served by The Bell Telephone Company of Canada.

Telecart service has gone a long way toward bridging the gap of loneliness between the bedside and the home, bringing as it does the affectionate warmth of the voice of a loved one at the spin of the dial.

Cancer of the Skin

Cancer of the skin is one of the most common forms of cancer. It also is one of the most easily cured because, being visible to the naked eye, it is easy to detect in the early stages. Yet many thousands of persons suffer from it every year.

One of the reasons that a disease which usually can be cured is so prevalent is that it may develop from scars, moles, or other skin blemishes which have existed harmlessly for years. The change usually takes place so slowly that the people affected do not realize it has occurred.

If people would watch for the conditions which may develop into skin cancer and consult a physician as soon as they appear, much of the suffering from this disease could be prevented. Skin cancer can be cured in 95 per cent of the cases if treated properly in the early stages.

Because skin cancer is so widespread, everyone should learn and remember the warning signals—the signs which mean a visit to the doctor is imperative at the earliest possible moment. Everyone should remember that *any skin sore or lesion that does not heal warrants a quick trip to the doctor's office. Do not try to treat yourself with pastes, ointments, or any quack "cures" but go to a doctor at once.* Self-treatment may alter the appearance of skin cancer and make it more difficult to diagnose. Many patients are hopeless cancer victims because they wasted time and money on quack remedies only to have their cancers progress.

So, if you suspect you may have cancer of the skin, go to a doctor at once. Do not delay. —CANCER OF THE SKIN, *U.S. Government Printing Office Pamphlet.*

Children need models more than they need critics.—JOSEPH JOUBERT

Mental Health and the Nurse

KARL S. BERNHARDT

Average reading time — 4 min. 24 sec.

THE NURSE'S mental health is her most precious asset. Mental health is not a mere accident but is the result of deliberate cultivation of healthy habits of life. Among the more important habits of living which are vital in mental health is the use of leisure. There was a time, long ago, when play was considered a kind of necessary evil, something that children did but which was supposed to disappear when the person grew up. That old idea has almost completely disappeared. Now nearly everyone is aware of the great value to adults of the recreational use of leisure-time.

The nurse's work tends to be strenuous and to make great demands on her energy resources. Strains and tensions are frequent. Sometimes life or death depends on the vigilance of the nurse. She is dealing intimately with people, many of them very sick. The demands on her patience, emotional stability, and common sense, as well as on her technical knowledge and skill, are many. It is not surprising then that most nurses at the end of such a work day are tempted to rest and do very little else. However, the very nature of her work makes it essential that the nurse should have some leisure-time activities which will provide a balance to her strenuous work.

Rarely does an individual who has a set of interesting, satisfying activities, which refresh both body and spirit, break down either physically or mentally. Work can be, indeed should be, interesting. But, no matter how interesting and satisfying work may be, there is still need for the kind of activity which is done for no other reason than just that it is pleasant and satisfying to the individual and the results of which are not important. In other words, the main characteristic of leisure-time activities should be freedom from strain and tension or, better, relief from the strains and tensions which are an inevitable part of work.

There is need for some planning in the use of leisure-time because, without it, the desired balance is rarely achieved. This balance refers to the contrast of work activities and play. Play should balance work if it is to be a relief and a recreation. That is, play should be as different from work as possible. If work is mainly at a desk then play should be active. If work is largely physical then play should be sedentary to a large extent. As work is frequently a matter of routine—the same thing done over and over again—play should have variety. The old saying, "Variety is the spice of life," has a lot of truth in it. Some people manage to get into just as deep ruts in leisure-time activities as they do in work. When this happens play fails to refresh.

CONTRASTS

One way to make sure that there is enough variety in play is to keep in mind the following three contrasts. There is the contrast between *spectator and participator activities*. The trend has been and still is for people to be mere spectators in play. Movies, radio, television, books, concerts, and many other spectacles provide the opportunity for people to spend their leisure-time just watching and listening to other people. There is a place, of course, for this spectator type of activity but that place is not the whole story. To do something for one's self can be much more satisfying and more refreshing than merely watching someone else do it. One can get a thrill from the accomplishments of others but a healthier kind of thrill is to accomplish something one's self. Listening to other people play music is fine but it cannot take the place of

Dr. Bernhardt is on the faculty of the University of Toronto.

actually trying to produce musical sounds. So, play should achieve a balance between spectator and participator activities.

Another contrast is between *social and solitary activities*. Both are necessary and desirable. Poor, indeed, is the individual who is so dependent on others that she cannot enjoy her own company and her own activities. Just as unfortunate is the individual who shuns other people's company and prefers to be by herself. Some leisure-time activity should be shared because, being shared with others who are congenial, it becomes even more enjoyable. But some leisure-time activities should be solitary. For a woman to be so dependent on others that she cannot be happy alone some of the time can be just as undesirable as being so completely independent that she cannot enjoy the company of others. Again, it is a matter of achieving a balance between these two extremes.

Finally, there is the contrast between *active and relatively inactive leisure-time activities*. Everyone needs both kinds. There is a valuable effect to be gained from the "whole body" exercise in which the individual can achieve a kind of release from tension. Some people get this from swimming, playing games, or just walking. There is a value in quiet activity such as reading, conversation, or playing chess or card games. Again, balance is the key—not too much of either but not leaving either out of the picture.

An Inventory

It is a good idea to take an inventory once in a while of one's self. Such an inventory may be painful but it should also be educational. Ask yourself, "What do I want out of life? Am I getting into deep ruts? Is life losing its zest and thrills? Am I becoming dull and uninteresting to my friends?" Such questions may start you thinking about what you can do to make life more interesting for yourself and how you can become more effective in your work as well as a happier and more healthy person. Taking stock of what you do with your leisure-time may indicate to you where you can make your leisure activities more varied, interesting, and rewarding.

You have probably discovered that giving pleasure to others is a source of great satisfying pleasure for one's self. This should not be overlooked in planning your leisure-time. There can be much pleasure in making something but this pleasure can be enhanced by making something for someone else. Do you remember the thrill in bringing home to mother the product of your handicraft from kindergarten? Maybe you can recapture that same kind of thrill today. Contributing your knowledge, skill, and energies to some worthwhile cause can be a rewarding leisure-time activity. Beware of the common rationalization—"I haven't time." Actually you cannot afford not to have the time for some activities which make life—your life—more worthwhile.

Mental health can be simply defined as happiness and efficiency in the business of living. Such happiness and efficiency does not just happen. It is the product of the kinds of things the person does. Part of the story is the person's feeling about her work. Another important part is how she uses her leisure-time. What every woman needs is a number of activities she can lose herself in—activities which yield satisfaction and feelings of accomplishment. Variety is also important as is the kind of balance discussed above. So, play for your health's sake.

The man who has not anything to boast of but his illustrious ancestors is like a potato—the only good belonging to him is underground.—Thomas Overbury, *1614*.

Public opinion is no more than this: what people think that other people think.—Alfred Austin

Activities and Leisure

RUTH M. HOME

Average reading time — 5 min. 48 sec.

DR. BERNHARDT's stimulating article indicates the need for leisure-time activities to prevent that feeling of waiting for another round of duty, to make a nurse an interesting member of society and at the same time self-sufficient. He implied that, in doing this, she would be a better nurse.

Being a fanatic in the matter of participating in play, I have made a list of activities that would satisfy the requirements outlined by Dr. Bernhardt. In this I have eliminated those that are sociable and yet are only time-fillers such as card-games, dances, movies, plays, and musicals. I have also ignored activities that necessitate a definite schedule or a longer period of off-duty hours than the nurse has. Such a list would include ballet dancing, amateur theatricals, or taking part in orchestra or choir. All these have to be done at regular intervals to fit with the working hours of the nine-to-five job. My list suggests interests that will take you out of doors, that will give you something to talk and read about, that may be enjoyed by men and women together or may be satisfying to you alone.

The happiest group of people I know are collectors. I admit that some have ulcers but that is not because of their hobby. They collect shells, plants, fish, minerals, or experiences gained in watching birds, reptiles, mammals, and insects. You may collect, too, for it is something that can be done at all hours of the day. It takes you outside where you walk, scramble, wade or paddle. It can be enjoyed in groups or by yourself. The literature is extensive and varied, thus providing occupation for the sedentary. Finally, it is a freemasonry that unites enthusiasts all over the world and will provide a continuous interest until you die. In Ontario, there is a naturalists' association that organizes summer camps for the amateur, on an economical basis, so even your holidays can be arranged.

Closely associated with these activities is photography. I know of one couple who took eight hours to motor 40 miles because they saw so many potential camera studies. Also connected with nature study, but slightly more academic, is the study of ancient North American Indians. Within recent years, digging parties have been organized. In the evening you may also read about them, for the literature is voluminous, or you may make string figures. These last are the most original of all party accomplishments —better than tea-cup reading. All you need is a piece of string.

Painting and sculpture also force you outside singly or in groups, provide you with indoor occupations and reading matter, and make you an interesting conversationalist. The equipment is relatively inexpensive, which cannot be said of the camera hobby. It may also be linked with your professional life since a knowledge of anatomy and humanity is essential to the painter as well as to the medical woman.

Next on my list are linoleum block printing, rug hooking, and dyeing. The first may be applied to dirndls, table mats, drapes, towels or paper napkins. It is frequently used as a wall decoration. Hooking need not necessarily be confined to rugs. It may be used for table accessories and draperies. Neither is expensive for the cost of the equipment is small, the work easily transported, and may even be done in the sick-room when you need something to interest difficult patients. If you want to make your own dyes, you will have to spend some time collecting the roots, berries, and nuts for the colors. The most delightful shades may be secured from

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such prosaic materials as lichens and onion skins. The natural dyes are much more attractive than the harsh commercial ones at present on the market.

The basic crafts are spinning, weaving, working in leather, wood or metal, and the making of pottery. Not all of these take you into the country unless you gather your own cedar for carving, dye your yarns, or hunt your stones for jewellery. However, they fulfil all the other requirements and, because they are sedentary, they may appeal to you.

Spinning and weaving require a wheel and a loom, respectively. Wheels cost about $20 and looms about $60. I do not recommend anything except a floor loom, as everyone quickly graduates in inclination if not in skill from the small portable ones. The efficacy of either craft in preventing all the evils of maladjustment to living has been proved many times.

Working in metal and wood is noisy, rather dirty, and slightly more expensive. It also requires more space. Those who take this hobby up, however, scorn every other craft and form as large a group of enthusiasts as the collectors. Leather is clean to work with; the equipment is compact. Twenty-five dollars will purchase a marble slab and a fair set of tools. The leather is the most expensive item for, unfortunately, we cannot kill the mammal nor cure its hide. The only fault I have to find with the craft is that the worker wants to use too much decoration. One of its charms is the leather. Why hide it completely?

Pottery is out of the question unless there is an active group in your community and good firing facilities are available. There is much more to pottery than merely coiling a pot to throwing it upon a wheel. On the other hand, it is one of the most satisfying of all crafts. The cost of equipment is such that it may only be done on a community basis.

No matter what craft you undertake, there are two things that are very important—first, proper instruction and, second, high standards of design and workmanship. Concerning the first, you who are professionals know how dangerous can be the teaching and practice of the amateur who knows a little.

That danger is also present in craft instruction except by good craftsmen. Do not take the opinion of a friend but go to a sound source for your information, such as your school board or the local branch of the Canadian Handicrafts Guild. As for the second, if you think of your recreational activity on a short-term basis, you might just as well not begin, because you are then thinking in terms of time-fillers, which crafts are not. To get the maximum amount of value from any leisure-time activity, you must work as hard at it as you do at nursing, for the secret of its success in being a recreation is that it gives you a complete break from your job. You move with it into another world and when you go back to duty, you are refreshed and rested.

I should like to change the old axiom of *a change is as good as a rest* to *a change is better than a rest.* A rest neither gets you out of your rut, makes you more interesting, nor gives you enthusiasm. With a leisure-time activity as defined here, you will become a new woman.

Only about half as many minor children are orphaned each year by the death of a parent than would be the case if the mortality conditions of 50 years ago continued to prevail, Metropolitan Life Insurance Company statisticians report.

In spite of this, in a recent year (1948) about 371,000 children under 18 in the U.S. became orphaned by the death of either a father or a mother. Of these, 239,000 children lost their fathers and 132,000 their mothers—the wide difference explained by the fact that the average wife is somewhat younger than her husband and lives longer.

Although the chances of death at ages under 45 are relatively small, according to the statisticians, about 90,000 children lose such comparatively young fathers during the year.

—*Metropolitan Information Service*

Metal Craft

CONSTANCE GRAY

Average reading time — 7 min. 36 sec.

OF THE MANY hobbies a nurse might choose, there is much to recommend metal craft. The question might be raised here: "Why have a hobby at all?" Hobbies, say much of the literature, are so desirable for one's old age to occupy one's time, for the middle-aged to maintain their interest, and for the delinquent young to keep them out of mischief, and there is much stress on their educational value. No doubt these statements are all true but if this is all that can be said for a hobby, it would certainly be "stale, flat and unprofitable." Anyone who has had a hobby would paint quite a different picture. The only reasonable excuse for a hobby is the enjoyment it gives. Along with this might be mentioned the thrill of creating something (even if it does not turn out to be quite what the creator intended), of seeing an idea take shape, and the satisfaction of designing, planning, and executing a project.

Metal work meets all these requirements and is a particularly fortunate choice for nurses as they already are familiar with, and perhaps have some skill in handling, small tools. There is also the important consideration of the assistance nurses may receive from professional friends in the assembling of a tool-kit. Dentists are an excellent source for securing old explorers (used in chasing), operating room personnel can supply pieces of intravenous tubing for alcohol torches (used in soldering), and surgeons can be very helpful in supplying ancient needle-holders and artery forceps. Manual training teachers and engineers also have possibilities, in a consultant capacity, in matters of motors and buffing wheels.

The metals generally used in this craft are pewter, aluminium, copper, and sterling silver. Pewter, an alloy of 82% tin and 18% lead, is the beginner's metal and has many advantages in that it is soft, requires no annealing (heating to a red heat), and has a beautiful grey lustre. Being soft, mistakes are easily corrected—a very reassuring feature for the novice. It is an excellent metal from which to fashion bowls and jewelry. It is too soft and malleable to be practical for making trays. It cannot be placed on a stove or electric heating element as it has such a low melting point. It can also be easily soldered with a flame of low heat such as an alcohol torch.

Aluminium is the most recent addition and promises to be the metal of the future. Since most of the world's supply of aluminium is found in Canada, we are fortunate. Its light weight, bright bluish lustre, and nontarnishing qualities have great appeal for the housekeeper. There are, however, a few disadvantages in using this metal. It must be protected from alkalis and, as there is no satisfactory flux, it cannot be soldered. This last is a very limiting factor although small ornamental rivets can be used in some articles. Aluminium is very popular for making trays. One with riveted handles is illustrated here. Each handle is made of 4 ft. 6 in. aluminium wire wound around a broom handle in the shape of a coil. The softness of the metal makes it unsatisfactory for jewelry for such things as bracelets would bend out of shape very easily. Sometimes an alloy is added and this hardens the metal considerably. Aluminium has the peculiar quality of not hardening to any extent with planishing (hammering) and, therefore, does not require annealing. The process of planishing affects the atomic structure of most metals, changing the arrangement of the atoms from a regular to an irregular pattern. The effect of this is to make the metal so

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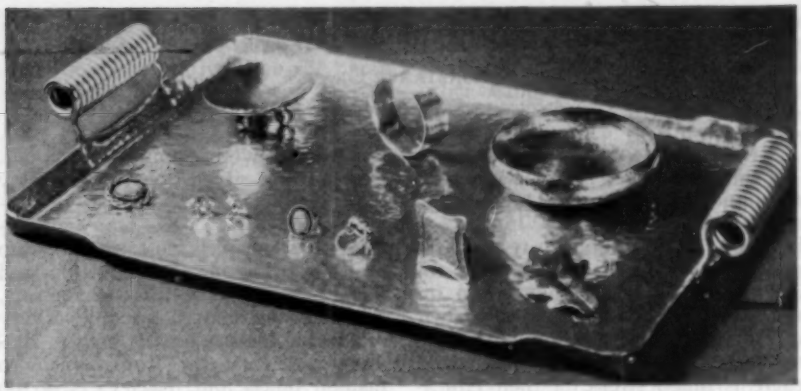

Alex. Gray, Toronto

On the aluminium tray may be seen (BACK ROW) *pewter bowls and silver bracelet.* FRONT ROW: *Sterling amazonite pin, sterling earrings, sterling rings set with amazonite and amethyst quartz stones, pewter clip, oak leaf pin of copper.*

hard that it cannot be worked. Then annealing is necessary to restore the original structure of the atoms.

Copper is a pure element and is used in the making of almost every kind of metal object. It is soft originally but becomes very hard with planishing, a desirable quality in making large articles such as trays and bowls. It can also be easily softened by heating. This metal has a warm, rich, pink lustre and takes a brilliant polish but does not retain this long since moist air causes oxidation and carbonic acid with the formation of a green carbonate. Various lacquers are used, more or less unsuccessfully. Ordinary floor wax is fairly good, lasts some months, can easily be removed and the original brilliance restored with polishing.

Silver is the metal of choice when one graduates from the category of beginner. The beauty of silver has stood the test of hundreds of years and has been admired and prized from ancient times. Pure silver is impractical as it is soft but the alloy used in England and America and known as sterling (90% silver and 10% copper) has the same beautiful white lustre, is much harder and can be used in almost any article, small or large. Its hardness makes it difficult for chasing, repoussé work, and soldering as the melting point is 1000°C., about the same as copper.

It is every metal worker's ambition to set a gem stone—a rather delicate and complicated exercise. Among the Canadian stones frequently used are: amazonite, an opaque blue-green stone; the quartz brilliant, a clear transparent stone, with cloudy streaks, that is cut with facets; and the rose quartz, a semi-transparent delicate pink stone. The settings for the stones have to be designed and this opens another field to the craft worker. She may secure help with this from books in the public library. Each kind and cut of stone requires a different treatment—a heavy setting for a cabochon amazon stone and a delicate one of silver wire for a quartz brilliant.

There are a few other points to consider if one is choosing metal work for a hobby. It is essential that one possess a very durable set of old clothes and the liking for a considerable amount of dirt and noise. The processes of melting pitch blocks, annealing, buffing, and planishing have more than a mild resemblance to the work of a factory blast furnace room. Also this is a group activity and no isolationist's hobby, for very few projects can be completed without neighborly assistance at such crucial points as drilling the holes or rivetting

the corners of a tray. This neighborliness brings one face to face with other metal workers (also in durable old clothes). This lack of glamor seems to foster a homely atmosphere conducive to easy acquaintance. The appeal of metal work has no regard for age or occupation. One's neighbor may be a university student, a housewife with a grown-up family, or a retired physician. The one common denominator of the group is a boundless enthusiasm for the craft. It is unwise to ask a metal worker about her hobby unless the questioner has at least half an hour to listen to the answer. There is, too, a readiness to commiserate with one another over the dismal failures (a discipline experienced by all) and to rejoice over the successes. This discriminating sympathy, which is both kind and frank, is very helpful in acquiring the skills of this craft.

All things considered, metal craft offers some interesting contrasts to the "antiseptic seclusion" of the hospital. Will you try it?

Weaving

E. LUELLA RUTHERFORD

Average reading time — 2 min. 36 sec.

WEAVING HAS BEEN of interest to me for a long time and now, as a hobby, I find it enjoyable and very relaxing. The creation of beautiful fabrics, the arrangement of color combinations, and the need for precision in handling the loom, constitute a handicraft which is fascinating.

There are many types of weaving —some simpler forms, others more complicated. Spool weaving with brightly colored wool is one of the simplest forms. In paper weaving, with strips of contrasting colors of paper, or paper mats, one can make many pretty conventional designs. Wooden reeds and raffia are suitable material with which to weave articles such as baskets, boxes, and trays. Card weaving, suitable for belts and narrow strips of material, is another simple type. The weavette, a small wooden frame, with a long needle, is used to make small mats. These mats are sewed together to make various articles, such as table mats, bags, and baby blankets.

Just a few years ago, my interest in looms and weaving increased rapidly, while observing a missionary friend, on furlough from China, busy at her handicraft. The skill and rapidity with which she handled her loom, making simple but beautiful articles, was fascinating. The rhythm of her shuttle going back and forth across the warp threads with such apparent ease was delightful. The small patterns soon grew into designs which were most attractive in the finished article—e.g., luncheon sets, scarves, and towels. When my friend loaned me her small "Dryad Loom," an English table loom, I felt very happy, indeed, to try my hand at setting it up and weaving a very simple pattern. I proceeded to make material suitable for purse bags. Next I made a few yards of material suitable for a baby blanket. To my surprise and delight the finished blanket was quite pretty as well as useful. My friend was able to get me a table loom, a "Structo Loom," which will weave material 20¼" in width. Learning the parts of the loom and the use of them took time and patience. My friend returned to China when I was still quite a novice. This craft, like most others, seems to be promoted among friends. Another weaver friend came to my assistance and later, with lessons in a group, I have made considerable progress.

There are many factors to be con-

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sidered in weaving, such as color, design, and material used. Color combinations and harmony of color need careful consideration. We have many excellent examples of this in nature, such as the flowers, birds, fish, and landscape. There is a wide scope for self-expression in choosing and making up designs in this craft. One may copy patterns already tried or branch out in new designs. With a change of color or threads or yarns, the same pattern becomes quite new and different and at times even more interesting than the original.

In weaving, the yarns most commonly used are cotton, linen, wool, and silk. Metallic threads such as copper, silver, and gold are used for trimming. Cotton is easily obtained and launders well. It is available in fine or coarse quality, smooth or rough texture, tightly spun or loosely spun threads, and is usually color fast. Linen is a favorite. It wears well, weaves evenly, and holds its shape but is more expensive than cotton. Wool is readily obtained. It works up into a wide variety of articles, quickly and effectively, and is especially good for yardage for dress or suiting materials. Wool is rather expensive at the present time.

The cost of hand-woven articles is comparatively low, when the weaver gives her time. A great deal of pleasure is derived for a reasonable outlay. Hand-woven articles make very popular gifts.

The local group of weavers, of which I am a member, is known as "The Spinners and Weavers of Ontario," organized in 1940. The members meet monthly for mutual benefit. Yarns or threads are purchased through a group known as the "Ontario Spinners and Weavers Co-operative."

Weaving is helpful in occupational therapy for patients who have long periods of convalescence. It develops patience and helps pass the time in a beneficial way. In physiotherapy, weaving is used to exercise muscles and help them return to normal function. Some people begin weaving as a hobby and it becomes a means of livelihood. An increasing number of people derive pleasure and satisfaction from this craft all the time.

Not till the loom is silent
And the shuttle ceases to fly,
Will God unroll the canvas
And explain the reason why
The dark threads are so needful
In the weaver's skilful hands,
As the threads of gold and silver,
In the pattern He has planned.

Painting as a Hobby

MABEL CUNNINGHAM

Average reading time — 48 sec.

A HOBBY SEEMS to be associated with our childhood dreams or partial achievements which have ultimately been set aside for our life's work. When work and responsibility become excessive or when responsibility suddenly ends and leaves a vacuum, we then need an escape—a hobby.

I was fortunate in having a friend who had done all the spade work—finding a teacher, kind of equipment necessary, etc., for oil painting. A beginner starts in timidly, feeling foolish, and wondering why she thought of being able to do it. Then gradually she finds the whole class groping even as she is. Just keep plugging along.

It brings in a new field in language, thought, people, and ideas. Oil painting has proven to be a complete form of recreation. One is lost absolutely

Miss Cunningham is doing private nursing in Toronto.

in a world of color and form. It leads into the lives and works of old masters, giving a greater appreciation of light, reflections, and beauties of everyday life. Create your own compositions.

There are night classes in many of the larger schools. Choose one near your home. There are summer schools which one can attend as a holiday. It is good to find a friend interested in the same work and together try a week out in the fields. Keep reading. Libraries are full of most interesting material. *The Artist* at $6.50 per year, *Canadian Art* at $2.00 yearly is money well spent.

It is not an expensive hobby. A paint box completely equipped can be purchased for around $20. Teachers' charges vary from $2.00 to $5.00 a lesson. Vocational classes cost from $5.00 to $15.00 for six months.

I'll be seeing you with the paint brush!

Pottery

FRANCES M. MATTHEWS

Average reading time — 2 min. 6 sec.

A FEW YEARS AGO while on a motor trip through Massachusetts we stopped in a sleepy little town and admired some interesting pieces of pottery in a gift shop. After purchasing some pieces, we were told that the pottery was but a short distance away and that visitors were welcome. Arriving there and becoming very interested in what we saw, we learned that the two young men running the pottery were Canadians and had taken classes in pottery at Central Technical School, Toronto. I decided then and there that this was something I would like to do and on my return enrolled for the evening classes.

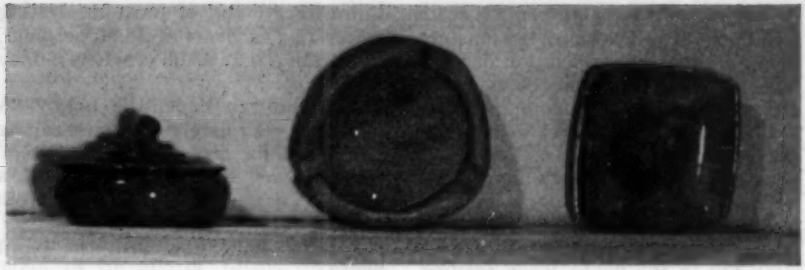
Since then I have become more and more interested in my hobby and the satisfaction that is gained in creating something from the work of one's hand. I am thinking also of the years ahead and the interest I will have when I retire, for I think all will agree that people with some interest to occupy their hands and minds are the happiest.

Although pottery is one of the oldest crafts known to man, potters all over the world are still experimenting with clay and glazes. Canada is rich in clay and the potter has plenty of scope for adventuring. Recently I have been experimenting with clay dug on Yonge St., where the Rapid Transit Subway is now in construction. I have found it is excellent to work with and that it suits several of the glazes that I have used to decorate it with.

Pottery is being taught at technical schools and in community centres that have suitable equipment for firing the clay and glazing it. Many potters have fixed up studios in their own homes and hold afternoon and evening classes. Small kilns are used now quite extensively by beginners in their own homes. Clay and

Coil method

Miss Matthews is on the staff of the Ontario Department of Health.



Electric wheel *Free form* *Mold method*

glazes may be obtained from a number of ceramic supply houses and, as one progresses, there is the added fun of making one's own glazes and thus cutting down on expenses. The public libraries have an excellent group of books on pottery, many of them for beginners, with accompanying illustrations which are a great help.

One does not need to spend a great deal of money on equipment at first. The coil method is an excellent way to get the feel of clay, as well as the free-form method which is popular just now. The latter consists of preparing the clay and, after rolling it into a ball in your hands, fashioning it into an ash tray or dish, varying the shapes, and making the sides different thicknesses of clay. By looking around one's eyes are opened to a whole new world of design and color. The Royal Ontario Museum has many and varied exhibits of pottery and periodic lectures are given as well.

There is now a growing market for handicrafts and the hobbyist, while far from making a fortune, can easily meet expenses, buy additional equipment, and have pleasure in her own achievement as well.

Poisoning as Cause of Child Deaths

Although poisonings stand in sixth place among causes of accidental death in Canadian children, they are one of the most tragic causes of death because in nearly every case they are preventable. So says Dr. C. Collins-Williams in the May-June issue of *Health* magazine.

The number of poisons that children will swallow is legion. Of 141 children admitted to the Hospital for Sick Children, Toronto, between 1943 and 1947 for treatment of poisoning, 47 had swallowed medicines prescribed for other members of the family; 18 had swallowed rat poisons and insecticides; 14 washing, cleaning and heating fluids; 12 medicinal lotions; 16 lye; 22 had swallowed miscellaneous poisons, including rubbing alcohol, bichloride of mercury, and acids; 5 were suffering from lead poisoning; 5 from coal gas poisoning; and 2 from food poisoning.

In addition to these 141 admitted to the hospital during this five-year period, there were a further 900 less severely poisoned children treated in the out-patient department. In all Canada about 50 children die each year from poisoning.

Dr. Collins-Williams points out that the sanest approach to poisoning is obviously prevention—*keeping every potentially dangerous substance out of reach of curious young fingers*. If poisoning does occur, despite precautions, however, the magazine has published a table of first-aid treatment for more than 100 of the commonest poisons.

Back in 1921, English birds called "tits" inaugurated a practice which apparently has spread rather alarmingly throughout Britain. The birds learned how to pry waxboard tops off milk bottles and treat themselves to a healthy breakfast before the purchasers were out of bed. Now at least 11 species of English birds have learned the trick.

Lyle Creelman *Writes . . .*

Average reading time — 6 min. 24 sec.

SINCE MY LAST REPORT to you I have had the unexpected opportunity of a two weeks' visit to Yugoslavia. Leaving Geneva by train on a Saturday morning with an overnight stop in Milan, I arrived in Belgrade early Monday morning. The next 12 days were packed with interest. My itinerary included three days in Belgrade, the capital of Yugoslavia and also of the Republic of Serbia, three days in Zagreb, the capital of Croatia, a couple of days in Rijeka, more familiarly known to us as Fiume, and finally on to Ljubljana, the gay capital of Slovenia. I was in the latter city over the May 1 and 2 holiday and everywhere there were banners and flags and, as in most other places on holidays, the town people went to the country and the country people came to the town.

Yugoslavia, a country composed of five independent nations, is rich in natural resources—coal, iron, bauxite, aluminium, asbestos, as well as forests and agricultural lands. Everybody is filled with a spirit of enthusiasm to rebuild their country which suffered so much during the war years. Roads and buildings have been constructed through voluntary effort. Many of the professional people with whom I talked had worked on such projects in the evenings or during their holidays. Many articles of food and clothing are rationed and are very cheap; they may also be obtained on the free market but are much more expensive. Imports are restricted to the minimum and as many essentials as possible are being produced within the country.

Medical, hospital, and dental care are free for all. There is, however, a great shortage of health personnel and of hospital beds. For a population of 16,000,000 there are less than 5,000 doctors and in some parts there may be areas of 10,000 people without a physician. There are only about 1,500 qualified nurses. Tuberculosis is a major health problem and many more beds are needed for such cases. However, the Ministry of Health has worked out a long-term plan to provide the necessary personnel and facilities and I have no doubt that these dauntless people will be able to carry out their plans.

One of the major welfare problems has been the provision of homes for the war orphans—approximately one in every 32 of the population. Fine homes with a staff interested in the health and happiness of the children have been provided. There are also many day nurseries where working mothers may bring their children when they go to work, as most do since the number of industries is increasing very rapidly.

My object in going to Yugoslavia was to learn about their nursing program. In the Federal Ministry of Health in Belgrade and in all the Republics there is a section known as

A Yugoslavian public health nurse

the Department of Middle Medical Schools. This includes all of the special schools for the training of nurses, sanitary technicians, pharmacy technicians, medical laboratory workers, and dental technicians. For the most part, schools of nursing are separate but there are a few in which all the schools for these various workers are under one director. Before the war there were four schools of nursing in Yugoslavia. Following the war there was a great shortage of nursing personnel and it was felt that everything possible must be done to rapidly increase the number of nurses. Therefore, many new schools of nursing were opened. There are now 28 and the age of admission of the students was decreased from 18 to 14. The students were only required to have four years of junior high school (in addition to four years of elementary school). It was quickly realized that the curriculum of the school of nursing had to be planned to make up for some of the deficiencies in education and many subjects which ordinarily would not be contained in a nursing curriculum, such as the study of language, history, and geography, had to be included.

This system has undoubtedly produced more graduates but it is very evident to the authorities that the students are too young and are lacking in the educational background and maturity which is required for a school of nursing. Therefore, starting in September this year, the admission requirements are to be full high school graduation and 18 years of age. As all education, including university, is free in Yugoslavia there is some fear that the students, having finished high school, will prefer to enter a university rather than go to a school of nursing. One of the factors which will greatly influence their decision will, of course, be whether or not the school of nursing can provide a truly professional education.

All the schools of nursing are independent, not only in relation to the school program but also in relation to the physical set-up. As a general rule the students work in the hospital, after the first year or 18 months, from 7 to 11 in the morning and return to the school for theory in the afternoon. Due to the great shortage of qualified nursing teaching staff, most of the lectures, apart from those in general education, are given by doctors. The authorities hope very much that qualified nursing instructors will be avail-

First-year students at Zagreb School of Nursing.

able soon to follow through with classes on the nursing aspects. One major step towards this has already been taken at the Institute of Public Health in Zagreb of which Dr. Stampar, known throughout the world for his advanced ideas in public health, is the director. Here a post-graduate course in teaching and supervision has been established under nursing direction. Very shortly 15 nurses will be available for key teaching positions in Croatia. Next year the course will be open to applicants from all the Republics of Yugoslavia.

The present curriculum in the schools of nursing covers four years but when the admission qualifications are raised this will be shortened. All the students learn English—in one school which I visited I was welcomed very heartily by two speeches given in English by members of the student body. In five of the 28 schools, boys as well as girls are admitted.

In Ljubljana, Miss Dina Urbancic, who studied in Toronto 1948-49, gave up her holiday time to show me the school of nursing there and to take me into the beautiful countryside of Slóvenia to see some of the rural health work. Slovenia is in the interesting position of having more than five times as many nurses engaged in public health as in hospital work. I have neglected to say that the schools of nursing endeavor to prepare nurses for the public health field as well as for hospital work but, in effect, because of the great shortage, major emphasis in most of the schools is put on the hospital aspects. In the Ljubljana school, however, it is possible to put more emphasis on public health nursing since there are greater facilities for field work. This school is also more fortunate in that it has its nursing instructors who follow up the medical lectures and supervise the clinical practice. Miss Urbancic has this year worked out a very interesting staff education program. Along with a teaching psychologist she outlined a course of evening lectures on teaching methods which is helping to meet the needs of the instructors and the head nurses on the wards in which the students practise.

Never have I enjoyed such hospitality or drunk such fine Turkish coffee! Judging by the frequency with which the latter is served to visitors one would never guess that it is very strictly rationed. Many tourists are going to Yugoslavia now and, to encourage this, special currency arrangements have been made. The unit of exchange is a *dinar*—one American dollar will buy 50. An ordinary hotel meal would cost 200 to 300 dinars—$4.00 to $6.00. But "Putnik" money, which is provided for strangers, permits a 70 per cent decrease on all meals and hotel bills. If any of you are planning a trip to Europe I can heartily recommend Yugoslavia as a most interesting country to see.

C.H.C. Extension Course Available

Through the financial assistance of the W. K. Kellogg Foundation, the Canadian Hospital Council is now able to announce formally the setting up of an extension course in hospital organization and management. Preparations are underway to make the course available for the fall term this year.

In the spring of 1950 a Committee on Education, with representation from each province, was appointed by the Executive Committee of the Council to initiate and give guidance to a more active educational program for hospital personnel. One of the first of its activities was to consider a new approach to in-service training of hospital administrators. It was decided to combine two methods of education—a directed reading extra-mural course to be given as the winter session and an intramural summer session of four weeks to be given on a university campus.

When a poll of the Canadian hospital field

was taken in the fall of 1950, there was a large and enthusiastic response from every part of the country and from all sizes and types of hospitals. A project extending over a five-year period and involving a sum of about $110,000 was prepared and presented to the W. K. Kellogg Foundation on January 1, 1951.

A short time later, Dr. Elwyn Morris, president of the Foundation, advised that the project had been approved by his board. One condition of the grant was that the Council would extend its activities into other fields of in-service training for hospital personnel and this condition was readily accepted.

The Council and its officers are perticularly indebted to the director of the Hospital Division of the W. K. Kellogg Foundation, Mr. Graham L. Davis. His interest in this new approach and his assistance throughout the preparation and presentation of the project have been invaluable.

In order to conduct this new activity, additional floor space has been secured at the present Council offices, equipment and furniture ordered, and arrangements made for additional staff. Discussions on building and curriculum have gone forward with the Department of Hospital Administration at the University of Toronto. Since the graduate program, under the direction of Dr. Harvey Agnew, has been in operation for nearly five years, the resources of that department of the School of Hygiene will be of real value.

Those interested in enrolling may secure application forms by writing to the *Canadian Hospital Council, 280 Bloor St. W., Toronto 5, Ont.*

In the Good Old Days

(*The Canadian Nurse*, August 1911)

"Although nurse training schools in Canada are few (70) compared with those in more densely populated countries, nevertheless, as most of the superintendents of the schools have received their nursing education in the large hospitals in Canada or the United States, a large percentage are being conducted on modern lines . . . The school nurse has begun her beneficent work in Canada. The district nurse becomes more indispensable each year. Tuberculosis work is actively carried on. Canada has its nursing journal and there is a very progressive Canadian Nurses' Association. Canada has made three unsuccessful efforts to secure registration of trained nurses. She is not discouraged but hopes that the not-too-far-distant future may bring this much desired good." — Excerpt from MISS M. A. SNIVELY'S *first report to the I.C.N.*

* * *

The first constitution and by-laws of the Canadian National Association of Trained Nurses (now the C.N.A.) is published in full in this issue.

* * *

"The public schools of Vancouver are now all supplied with paper towels. The majority of them are fitted with sanitary drinking fountains. The older schools are now being equipped and by the end of the summer all schools will have fountains installed."

* * *

"The effect of deep breathing as a mental stimulant is very pronounced. Two minutes' exercise of deep breathing will remove all feelings of sluggishness, provided, of course, that the exercise is taken in a room with the windows open or, better still, in the open air."

* * *

"Montreal is awakening to the fact that something must be done to lessen its infant mortality. Much has already been done. There are over 15 dispensaries and milk stations operating in the city."

* * *

"This was an exceptionally busy winter and spring. Many times we have not been able to supply the demand for private nurses. Recently one of the doctors telephoned asking for the list of nurses on call and was amazed at our having so few. He said, 'Are the people of Toronto getting wealthier, or are there fewer nurses, or what is the matter that nurses are so scarce?' " — Excerpt from the *6th annual report of the Toronto Central Registry of Graduate Nurses.*

Institutional Nursing

Anatomy Ball Game

BERNICE HALEY

Average reading time — 3 min. 36 sec.

"TAKE ME OUT to the ball game" has always been a familiar request from people of all ages, so when we suggested to the student nurses in the classroom that we were to have a ball game the following week, interest was immediately aroused.

The Anatomy Ball Game is conducted in much the same way as any other ball game. We have two teams with a catcher, pitcher, coach, and players for each team. You may have any extras that you like—we usually have two members of the classroom staff act as "cheer leaders" (costumed appropriately) and two or more act as "peanut vendors," distributing candy and popcorn or peanuts during the game.

The coach for each team makes up the anatomy questions for the opposite team to answer. These are submitted to me for inspection to rule out the possibility of duplication or vague questions. I have found that the questions are usually very well chosen and excellent for review purposes.

Teams may have names, such as "Leukocytes *vs.* Erythrocytes." In some games we have had first, second, and third basemen to prevent players from "stealing bases." This tends to keep the team spirit high and adds excitement to the game as when a runner "sneaks home" because the third baseman was day-dreaming.

The game is conducted as follows: The players take their respective places on the playing field. The pitcher from team one throws the ball (which in this case is an anatomy question) at the batter from team two. If the batter fails to answer the question correctly, the catcher (from team one) must be able to answer it to the umpire's satisfaction. If the catcher is able to answer the question correctly, the batter is out and next batter comes up to bat. If the catcher fails to answer correctly, the batter "walks" to first base.

Three out from one side means the opposite team goes in to bat. Players must cover all three bases before they come "home" to score a point. This means that four people must answer questions correctly before one run is scored, unless a player is able to "steal a base" on an unwary baseman.

We have conducted these ball games for several classes. In the winter we have them in the recreation room in the evening and combine the game with a social evening and lunch. In the spring and fall we take the students outside the hospital on the river bank for a two-hour class period and have the game there.

Yells can be composed for the respective teams. For the last game two of these yells were as follows:

LEUKOCYTES

Lymphocytes and Monocytes—Agranular are we;
Eosinophils, Basophils, Neutrophils—we three.
We're out to fight—we're out to win,
We'll keep you from the germs,
We are the Leukocytes—in our junior term.

Y-e-a — Leukocytes.

ERYTHROCYTES

Erythrocytes, Erythrocytes, red blood cells we are;

Miss Haley is science instructor at Victoria Hospital, London, Ont.

We carry oxygen near and far.
When we are old and no longer keen
We are destroyed in the liver and spleen.
Come on Erythrocytes—let's get hep,
With our large numbers we'll win—
you bet.
Y-e-a — Erythrocytes.

We have found that these ball games are an excellent way to review the anatomy course and whenever the cry "Take me out to the ball game" is heard, students and staff alike renew their energy and review the anatomy.

Nursing—A Family Matter

The February, 1950, issue of *The Canadian Nurse* carried the story of five sisters in Saskatchewan who were all graduate nurses. Since then we have had word of two other families where five daughters have joined the professional ranks.

The Donnelly sisters all secured their training at the Lorrain School of Nursing, General Hospital, Pembroke, Ont. In the photograph, reading from left to right, are: **Mary Theresa,** class of 1942; **Eileen,** 1945; **Helen,** 1946; **Rose** and **Mabel,** 1949. Eileen and Helen are married. The others are nursing in Detroit.

No photograph was available of the McAleenan sisters who hailed originally from St. George, N.B. **Mary** started the family trend toward nursing when she graduated from Calais (Maine) Hospital in 1932. She is now married and living in St. Stephen, N.B. **Madeline** and **Margaret** graduated from Chipman Memorial Hospital, St. Stephen, in 1936 and 1940. Madeline is working in the United States. Margaret served overseas during World War II, then went to Montreal to work. **Eileen** commenced her training in St. Joseph's Hospital, Saint John, in 1943. She died two years later before graduating. **Roberta** graduated from Victoria Public Hospital, Fredericton, in 1949, then went to British Columbia to work.

Three families with five daughters interested in nursing! Can any family beat these proud records?

MARY THERESA EILEEN HELEN ROSE MABEL

Public Health Nursing

Personally Speaking

MARY (DAMPIER) MATHIESON

Average reading time — 6 min. 24 sec.

LEAVING FOR A MOMENT the scientific advancement of industrial nursing, we turn to the custodian of these enterprises—the industrial nurse herself. After considerable research on the subject, we have come to the conclusion that she is not making full use of her potentialities. True, she is highly trained and wholly convinced of the worth and effectiveness of her chosen field. Indeed, it would be a shock for her to discover that the world at large does not necessarily share her enthusiasm. In fact:

(a) Most people outside industry know little or nothing about industrial nurses.

(b) A large percentage of her own fellow employees have very vague and often incorrect information about the industrial nurse and her function in the plant.

(c) A few employees are so misinformed as to be overawed and resentful of her.

(d) Only a small enlightened group is aware of her as a skilled crusader in a fascinating new branch of public health interest.

Why does this state of affairs exist? As in any medical case study, one must delve into the patient's background for the possible causes before attempting to suggest a remedy. Let's take a "flashback" to the nurse's student days when she first became imbued with the ideals of her profession. Instilled in her mind, from that time on, was the necessity for submerging her own personality in favor of the larger principles of service to humanity. Carried to an extreme through the years, this single-minded purpose has resulted very often in lop-sided development. Although conforming to a precise professional mould our nurse has neglected to cultivate the spark and glow of her own individuality. More than that, although she may be constantly aware of the most recent medical data, she has failed to keep abreast of events as they apply to her own self.

Now she finds herself plying her profession in the midst of modern industry! Who comprises this new sphere? From the globe-trotting president down to the gum-chewing girls at the machines, her fellows are true citizens of the modern world. They may have a variety of interests but they share a 1951, up-to-date zest for living. Of necessity they judge all newcomers by their own standards. Small wonder that our nurse, be she armed only with her professional training, is very often tried and found wanting.

At a recent lecture given to a group of industrial nurses, the speaker, who was an eminent woman professor, held the group spellbound for a full hour. The subject concerned public relations and it was not long before most of her listeners were blushing with shame. Why was it, she began, that she knew nothing about industrial nurses when all current affairs were her specialty? How many of them had ever addressed a public group such as a club or church society? How many took an active part in community affairs? How many had ever read their own reports to their management? Had any group of in-

Mrs. Mathieson was with the Hydro Electric Power Commission of Ontario, Toronto. Her contributions were a regular feature of the *Hydro Staff News*.

dustrial nurses ever campaigned to make the general public aware of their work? The professor soon had her answer! Hidebound by tradition and travelling narrowly along one path, she proved them to be sadly out of step with their chosen world. Modern industry has found advertising and salesmanship to be essential. Distasteful though it may be, the industrial nurse must hasten to follow suit or be left hopelessly behind.

No need suddenly to burst into singing commercials! One of the first essentials is a good foundation of confidence. This requires, first, that the nurse be perfectly assured of her good appearance and pleasing effect on others at all times. How often in the past has she been guilty of using her uniform as an excuse for appearing at work in "any old outfit"? After all, it will be on such a short time! The only criterion is that it be easy to slip on and off for the several changes per day. Resolved, therefore, that, on her next trip through the bustling lobby our nurse takes careful note of the feminine apparel about her. Ruling out the extremes, she will doubtless be struck by several ensembles that are eye-catching and produce a pleasant feeling of approval for the wearer. Very soon she will realize how far out of line is her own effect on those who see her. Once convinced, and with a weather-eye on becoming colors and style, as well as the budget, our nurse will soon see her rating soar!

In the same vein let's consider her effect in uniform. Assuming a spotless, unadorned neatness, where may there be room for improvement? Just because it must be short and neat is no reason why hair should not be flatteringly-styled and shiningly-groomed. A moderate amount of make-up, renewed as necessary, produces a far more healthy-looking example than a complexion that blends in with the uniform! No harm either in bowing to fashion to the extent of keeping hem-length in line with the times. The total effect must not only say "welcome" but "come again" to all visitors to the health centre.

Having achieved confidence in her appearance, our industrial nurse must now acquire assurance in all her contacts with her fellows. Who are the people she herself finds most interesting? They invariably have a wide circle of acquaintances in all walks of life and lead a busy life far beyond the narrow borders of their own vocation. Quite systematically our nurse should set out to follow their example.

Careful consideration may show that it may be preferable in her case to share living quarters with some congenial soul (not necessarily a nurse —oh treason!) who can help in her quest for broader interests. If she clings to her independence, it may be worthwhile to spend some time making her apartment more cheery and attractive with a view to an enlarged program of entertaining. The effort need not be money-consuming. Books on home decoration are crammed with inexpensive gimmicks. Speaking of her library shelves, it would be well to alternate "The History of Nursing" with treatises on unexplored pursuits such as gardening and cookery.

For evenings out, a little research produces countless opportunities lurking in every corner of her city or town. It will require discrimination to choose among clubs, concerts, plays, and courses of all sorts. All these will add to her efficiency in her own field. For instance, in her dealings with management, she may find effective avenues of approach far from professional topics. A lively discussion of current events or some topic dear to his heart will lull the hapless victim into a state in which he will grant the most fabulous requests! By the same token, the patient who lays his problems at her door will have far more confidence in the nurse who can speak the language of his interests outside the plant.

There are a few extra-professional skills that are "musts" on the confidence curriculum. Where courses are available they should be absorbed into the nurse's schedule. A first choice should be public speaking.

Nothing is more impressive than facility in the spoken word, prepared or otherwise. Allied with this is the cultivation of a pleasing, controlled speaking voice. The ability to write lucidly and concisely is another invaluable ally. Each business letter can become the proving ground for this skill. Regular physical exercise is a sadly neglected field—yet this develops confidence, bolstering posture and carriage, as well as the good health that is our nurse's chief stock-in-trade.

Having set her course along these new lines of personal development, we can leave our industrial nurse to devise her own program to prove its effectiveness. In the community, good speakers, teachers, and writers are in constant demand. In her own plant the means are at hand for utilizing her new skills. There need no longer be a single employee who is misinformed as to the far-reaching program of the medical department. Nor will he be unaware of the many resources available for his own use. The professional functions inside the body of the health centre may be the same but the outside has undergone plastic surgery and had its face lifted!

How Isotopes Aid War Against Disease

GUY LEONARD

GROWING KNOWLEDGE of the medical value of radioactive isotopes has brought an enormous increase in their use. So far such isotopes are the only truly peaceful benefits to be derived from atomic energy. They are revolutionizing some aspects of medicine. They have made it possible to discover more about certain diseases and bodily functions and are also helping in the treatment of some diseases.

Most dramatic of the isotopes in some respects is **cobalt** which is now widely used as a substitute for radium. Cobalt can be used in exactly the same way as radium for many purposes, but it costs only one two-hundredth part of the price of radium. It can be manufactured almost as and when required and is much easier and safer for hospital staffs to handle.

Most widely used of the isotopes is **iodine,** which is valuable for the treatment of thyroid cancer. Radioactive iodine has helped, and is helping, doctors and physiologists to study the workings of the thyroid gland.

There are two chief uses for **phosphorus** isotopes—which follow iodine closely in popularity. The first is in the treatment of diseases of the red blood cells. Even more valuable, however, it has the property of concentrating itself in brain tumors, enabling surgeons to discover exactly where tumors are situated before they operate, thus largely eliminating the necessity for exploratory operations.

For the study of the circulation of the blood and tissue fluid, radioactive **sodium** is being used. The rays which any of these isotopes emit can be detected wherever they are in the body. Their course through the arteries and back through the veins can be followed.

Indicating the growth in the use of radioactive isotopes is the export of active material from Britain's Atomic Energy Research Establishment at Harwell. During 1950, 1,291 parcels were sent overseas to 24 countries. In 1949, 223 parcels were exported. In 1948 the number was only 23. Because of their immense medical value, they are sold at cost price (the figure does not include the cost of building the pile in which they are irradiated).

It was in 1945 that the Atomic Energy Research Establishment was set up at Harwell and since then considerable quantities of these immensely valuable isotopes have been produced there. It was natural that hospitals, universities, and industries in the United Kingdom should be the first to make use of the products. There are upwards of 400 different types of isotopes now being made.

It is quite likely that in 1951 the output of isotopes will reach 10,000 parcels. The probability is that an ever-growing proportion of

(*continued on page 603*)

Mr. Leonard is a technical journalist who contributes to a number of United Kingdom newspapers.

Aux Infirmières Canadiennes-Françaises

Le Lactarium de l'Ecole de Puériculture

JULIANE LABELLE, B.Sc.H.

L'ÉTÉ DERNIER, durant mon séjour en Europe, j'ai visité des hôpitaux en Angleterre, en France, et en Italie. Dans tous les pays, les hôpitaux se ressemblent. Il y a évidemment différence de local, de confort, de commodités de travail, et d'espace, mais partout on retrouve le même esprit: lutter contre la maladie, soulager les malades. Dans les salles on voit, autour du lit des malades, des médecins et des infirmières dévoués se pencher sur le souffrance. La vocation de l'infirmière dans quelque pays que ce soit en est une de sacrifices d'abnégation et d'oubli de soi.

Ce qui m'a beaucoup intéressée parce qu'à ma connaissance, ailleurs qu'au Royal Victoria Montreal Maternity Hospital, nous n'avons peu de ce genre au Canada — c'est le Lactarium de l'Ecole de Puériculture de Paris. J'ai pensé qu'en vous donnant dans les grandes lignes le but et le fonctionnement de cet organisme, celà vous intéresserait.

Le Lactarium est un centre de récolte et de distribution de lait maternel. Il fait appel aux mères qui nourrissent entièrement leur bébé et dont la lactation est abondante. Il est dirigé par un médecin qui surveille la santé de la mère et de son enfant.

Le Lactarium se charge de prendre chaque matin à domicile le lait recueilli. Il procure aux donneuses de lait des avantages substantiels: gratification par litre de lait, suppléments alimentaires, faveurs diverses.

Ce Lactarium fut fondé en avril, 1947. Il peut actuellement, grâce à une organisation poussée, assurer de lait maternel aux nourrissons débiles prématurés et malades qui en ont un besoin vital.

Ce lait maternel collecté, à domicile, exige, vous pensez bien, une série d'examens de contrôle pratiqués chaque jour au laboratoire spécialisé du Lactarium. Ces examens consistent:

1. *Contrôle de la propreté* au moyen de test bactériologique et la recherche de l'acidimétrie. Les laits impropres ne sont pas conservés. Ils représentent, en moyenne, 6 pour cent de la collecte quotidienne.

2. *Contrôle de la pureté* par le dosage du taux butyreux et de l'extrait sec et recherche de la densimétrie. Ce contrôle n'est pas pratiqué tous les jours sur tous les biberons mais faite pour chaque donneuse tous les quatre jours.

3. *Contrôle de la fraude par addition de lait de vache* par test rapide au U.V. et par test biologique. Quand la fraude est suspectée une surveillance rigoureuse est exercée pendant plusieurs jours (tout en rejetant le lait suspecté) et une épreuve biologique est faite dans une tétée prélevée sous contrôle. La donneuse est renvoyée.

Après ces divers contrôles, chaque biberon est bouché par une capsule d'aluminium sertie automatiquement grâce à un appareil spécial. Ce bouchage hermétique permet l'immersion complète du biberon dans le stérilisateur. Les biberons obturés sont alors stérilisés.

Le lait de consommation courante est conservé en armoire frigorifique. Le lait, destiné à être stocké pour être disponible aux pointes de consommation, durant les périodes de grande

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chaleur est congelé à 30° pendant 35 minutes dans un congélateur spécial à alcool. Grâce à ce procédé de congélation rapide il ne subit aucune altération et retrouve son homogénéité normale après décongélation lente au bain-marie.

Voici comment fonctionne ce Lactarium:

Recrutement des donneuses: Les donneuses de lait son dépistées par l'activité de l'assistante sociale travaillant en liaison avec les Consultations de Nourrissons. Lorsqu'une donneuse éventuelle est signalée, le Lactarium déclenche les interventions suivantes:

I. *Visite de l'assistante sociale au domicile de la donneuse* avec—(a) enquête portant:

(i) Sur le milieu social; (ii) sur l'hygiène générale; (iii) sur les possibilités de conservation correcte du lait.

(b) Conseils concernant la technique de récolte du lait maternel, en insistant sur:

(i) Lavage des mains avant chaque traite; (ii) nettoyage du mamelon avec la solution (alcool glycérine); (iii) usage du biberon stérile délivré par le Lactarium; (iv) entonnoir bouilli 5 minutes chaque fois; (v) manière d'ouvrir et de refermer la capsule; (vi) instructions sur le règlement et remise d'un extrait imprimé.

(c) Prélèvement, si possible sous les yeux de l'assistante sociale, d'un échantillon de lait qui sera déposé au centre pour les analyses systématiques; établissement de la fiche sociale qui est déposée au Lactarium et convocation de la candidate avec son bébé à la consultation du Lactarium par feuille imprimée spéciale.

II. *Consultation médicale:* (a) Interrogatoire sur feuille imprimée spéciale; (b) examen clinique. Le médecin a sous les yeux: la feuille d'interrogation, la fiche sociale, le résultat de l'analyse du lait; (c) examen radiologique et prise de sang pour B.W. (sur production d'un B.W. pratiqué dans un laboratoire agréé datant de moins de 15 jours).

Cette première consultation a un caractère rigoureusement indispensable. En aucun cas, aucune donneuse ne sera agrée avant de l'avoir subie. Le lait recueilli avant le retour du résultat du B.W. est traité selon les techniques habituelles mais numéroté et conservé séparément. Aucun lait n'est recueilli ni traité avant la première consultation.

(d) Surveillance des donneuses—Toutes les cinq semaines le Lactarium convoque les donneuses de lait pour une visite médicale au centre (convocation imprimée envoyée par la poste, avec heures de rendez-vous).

En cas d'abstention, une seconde convocation est envoyée pour la semaine suivante. En cas de nouvelle abstention, l'assistante sociale se rend chez la donneuse pour enquête et convocation. L'abstention de cette troisième convocation entraîne l'exclusion de la donneuse.

Collecte du lait est par cyclistes tous les matins. Chaque jour les biberons stériles sont apportés par le cycliste à la donneuse, avec une étiquette comportant le numéro d'ordre de la donneuse qui marquera elle-même la quantité de lait donné. Le lait doit arriver au Lactarium avant midi.

Réception du lait: Chaque biberon apporté par les cyclistes est réceptionné au Lactarium sur un registre spécial avec notation quotidienne des quantités reçues. Les biberons sont ensuite portés au laboratoire où ils sont soumis aux contrôles systématiques.

Conservation du lait: Après examens définitifs, les biberons sont placés dans l'armoire frigorifique, groupés par série du même jour et par catégorie (stérilisé ou pasteurisé). Une étiquette bien mise en évidence indique le jour de la collecte.

Distribution du lait: Le lait maternel du Lactarium est délivré sur production d'un certificat comportant obligatoirement:

> Nom et prénoms de l'enfant; date de la naissance; poids actuel; diagnostic précis justifiant l'attribution du lait maternel; quantité de lait demandé.

Ce certificat doit être renouvelé tous les huit jours. S'il n'est pas produit, après avertissement, le lait sera refusé. Les certificats médicaux sont enregistrés dans un cahier spécial, mentionnant le nom et l'adresse du médecin et rendu au demandeur.

Les donneuses de lait sont payés tous les 15 jours par mandat—600 francs ($2.00) par litre.

Le cas de réclamation du public concernant la qualité de lait fourni, le biberon incriminé doit être rapporté avec son contenu. Il ne sera remboursé qu'à cette condition. Toutes les réclamations, de même que les réclamations des donneuses, sont soumises au médecin-directeur.

Le nombre des donneuses est actuellement de 160. La collecte mensuelle s'élève à 1,421 litres (45 litres — 8 par jour). Le stock permanent de lait est de 105 litres; 169 enfants bénéficient du lait du Lactarium.

On m'a dit que les résultats avec le lait du Lactarium, en particulier chez les grands prématurés débiles, montrent que ce lait n'a rien perdu de ses qualités spécifiques puisqu'il assure un état de nutrition parfait et une croissance satisfaisante.

Rheumatoid Arthritis Therapies

A pioneer study at George Washington University Medical School and Mt. Alto Veterans Hospital, Washington, has opened up a new approach to the treatment of rheumatic disease. Conducted by a research team under Dr. T. M. Brown, professor of medicine at George Washington, the study points to the possibility of curing rheumatoid arthritis and allied disorders with antibiotics, in some cases used alone and in others employed in conjunction with cortisone or ACTH. Aureomycin, chloramphenicol, and terramycin have all proved helpful in preliminary trials, with terramycin the most effective.

The basis of the new approach is the belief that rheumatoid disease may result from hypersensitivity to "L organisms," a class of super-small microbes which can be eliminated by antibiotic therapy. Rheumatic fever, which resembles rheumatoid arthritis in many ways, is due to a similar hypersensitivity to beta-hemolytic streptococcus germs. Penicillin is widely used to prevent rheumatic fever recurrences by aborting streptococcus infections.

L organisms or PPLO (pleuropneumonia-like organisms), as they are also called, are true bacteria but are comparable in size to viruses. They were first detected in the lungs of cattle and are responsible for lung plague, a highly contagious form of pneumonia complicated with pleurisy occurring in livestock. For many years, L organisms were thought to be confined to animals. In 1937, however, PPLO were found by a team of Harvard scientists in a woman patient and last year Dr. H. E. Morton and his associates at the University of Pennsylvania recovered them from the throats, saliva, and genito-urinary tracts of a number of patients. These researchers think that L organisms may be responsible for a variety of illnesses whose cause remains obscure.

At present, of course, rheumatic diseases are treated most effectively with cortisone, a hormone of the adrenal cortex gland, or ACTH, an anterior pituitary hormone that stimulates the production of cortisone-like substances by the adrenal cortex. Pregnenolone, another adrenal steriod substance, and massive doses of sex hormones have also proved effective occasionally in some forms of rheumatic disease. An older form of treatment, gold salt therapy, likewise continues to be used extensively in treating rheumatoid arthritis, in part because of the cortisone shortage.

Although cortisone and ACTH provide dramatic relief of symptoms, neither is a cure for rheumatoid arthritis. Whichever hormone is used, treatment must be continued indefinitely. Relapses usually occur within a few days of the cessation of treatment, though remissions of as long as 120 days have sometimes been reported.

Cortisone and ACTH are thought to act by blocking "tissue response." Whenever tissue is injured in any way, an inflammatory reaction immediately sets in. Cortisone blocks the inflammatory response in experimental injuries in laboratory animals. Cortisone also blocks allergic reactions, a type of hypersensitive inflammatory tissue response; in fact, cortisone is being used to treat asthma and other severe allergic diseases.

Rheumatoid arthritis has been thought by many investigators to involve a hypersensitivity reaction. There has been no agreement, however, on the nature of the agent

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Trends in Nursing

THE EXECUTIVE COMMITTEE of the Canadian Nurses' Association decided at its last meeting that the time was ripe for a thorough study of the whole problem of the role of auxiliary workers in the present-day program of providing nursing service to the public. Accordingly, a special committee was assigned to the task, consisting of: Miss Marjorie Russell, chairman; Miss Muriel Hunter, Miss May Palk, Mrs. Kathleen Johnstone, and Miss Betty Mae Davidson. They met for four days at National Office and drew up a most comprehensive report. Copies of it are available from National Office. The gist of it is condensed here for the information of all.

Duties of the Committee

A review of the studies that have been made previously established that there is an urgent need now for:

1. An increase in the number of auxiliary nursing workers.
2. Some standardization in the preparation of these workers.
3. The most effective use of these workers.

Discussion led to the conclusion that the whole training program is contingent upon:

1. Supply and demand.
2. Legislation for the protection of (a) the community, (b) the auxiliary nursing worker.
3. Education — planning to provide for mobility and for setting up and carrying out programs of instruction.
4. Interpretation of the role of the auxiliary nursing worker to: (a) the medical and nursing professions; (b) the community.

Title

It was agreed that a title that would be indicative of the work done by this auxiliary worker should be decided upon. The committee recommends that the name "nursing assistant" be adopted throughout Canada. This term is used henceforth in the report.

Definition and Functions

A nursing assistant is one who, under the direction of a physician or registered nurse, in hospital or home, assists in the care of the patient. She performs such duties as require a knowledge of simple nursing procedures but which do not require the professional knowledge of a graduate nurse.

The committee now sees the functions of this nursing assistant to be:

1. Under the direction of the registered nurse, to assist with the care of patients in hospitals.
2. Under the direction of a physician or registered nurse, to care for patients in homes who do not require the services of a graduate nurse.
3. The practice of hygienic care of the patient's environment.
4. The practice of basic home-making skills.

Supply and demand: Each community should make an analysis of the existing supply and the present and estimated future demand to determine the number of nursing assistants who should be trained and in order that an adequate number of training centres may be established and recruiting programs increased where necessary.

Legislation: To date, only one province has secured legislation covering the preparation and practice of nursing assistants. The committee urged that the various provincial associations press for the early establishment of provincial legislation for this group.

Education: A working program, providing for certain standards of training and with due regard for provision to meet changing needs, was drawn up. It included such items as:

1. The setting up of representative advisory committees to assist the director of nursing assistant schools when necessary.

2. It seems desirable that schools for nursing assistants should be separate from the hospital but with the clinical fields available where practice would provide well supervised experience in different types of hospitals and in homes.

3. The ratio of graduate registered nurses who would function as directors and supervisors should not be greater than one to 20 trainees. It is important that these teachers should have an understanding and belief in the role of the well-trained nursing assistant in providing nursing service to the community.

4. In general, it is proposed that nursing assistants should be accepted within the age range of 18-40, with exception being made for older applicants in special circumstances. A thorough physical examination, with x-rays and immunizations, is important. It is recommended that trainees be enrolled in hospitalization plans. A minimum of one year high school or its equivalent should be required. To avoid wastage, it is recommended that careful screening and selection of applicants be made.

5. The course of training should not exceed nine months, three months of which should be pre-clinical and six months clinical experience.

6. The curriculum should be designed to provide an elementary knowledge of the human body and how it functions, and should teach the simple nursing procedures which will prepare this worker to assist in the total nursing care of adults and children. The outline of subject matter, prepared by the C.N.A. in 1944, with the addition of instruction in the technique of preparing and giving hypodermic injections, should be followed. It is not proposed that instruction should include medications requiring computations.

7. In the pre-clinical period, the trainee should be introduced gradually to the hospital ward, providing care for non-acutely ill patients. Adequate supervision should be provided at all times.

8. A distinctive uniform and headdress should be adopted and worn by all nursing assistants. A specially designed chevron, embroidered on sleeve and headdress, is suggested. To familiarize the public and professional groups with this uniform, it is proposed that colored pictorial advertising should be done. If a pin is given, it should be a distinctive one with the words "Nursing Assistant" clearly legible.

9. The need for male nursing assistants should be investigated and courses for training then considered.

Placement

Having completed the course, the nursing assistant should be ready for employment in hospitals or homes. She should identify herself with professional placement services or registers. Regulations regarding hours of work, salary, etc., are established locally. The committee recommends that the salaries should be within the range of 70 per cent of that of the general staff nurse.

Through the Looking Glass

Nursing school graduations were featured in all Canadian newspapers. Photographs of good-looking young people, with bright smiling faces, looking confidently ready to brave the world with all its problems, give promise of additional nurses for the fall to fill those hospital and public health vacancies.

The problem is that, whereas there seem to be so many nurses graduating, there still will not be nearly enough to take care of the health needs of Canada.

Ontario alone, according to the Health Minister, needs 6,000 more nurses. At the same time we read that a nurse is barred from permanent employment in an Ontario Hospital by reason of a law which prevents more than one member of any one family holding permanent government employment, and that low salaries paid by departments of health result in high staff turnover. Guelph, Ont., has raised the starting salaries of municipal nurses from $1,900 to $2,100 per year.

British Columbia reports meetings held in many parts of the province, all of which were addressed by Miss Gertrude Hall, general secretary of the Canadian Nurses' Association. The suggestion

that fees of private nurses be raised from $8.00 to $10 per day received favorable press comment.

The *Alberta* Association of Registered Nurses met in May at Banff. Outstanding speakers were Dr. Pauline Jewett, on the Structure Study; Vice Marshall G. R. Howson, on Civil Defence; and Miss Gertrude Hall, on the Future of the Nursing Profession. A panel discussion on surgery was an additional feature of the meeting. The A.A.R.N. reports the organization of a new branch at Vulcan.

From *Quebec* comes news of impressive ceremonies to commemorate the 50th anniversary of the founding of the nursing school at Hotel Dieu and of a three-day annual meeting held by the Association of Nurses of the Province of Quebec in the very imposing new building recently opened by that school. Some 1,000 nurses, representing the 11 districts, attended the meetings coming from as far away as the Magdalen Islands. Outstanding speakers were Dr. Hans Selye, director of the University of Montreal, Department of Medical Research; Dr. A. D. Temple, Dr. Robert Cleghorn, Brigadier J. Guy Gauvreau; Mr. H. L. McEvoy, personnel director of Quebec Hydro-Electric Commission; Miss Isobel Black and Mrs. Genevieve Pembroke. The Montreal School for Nursing Aides has added an additional two months in the care of convalescent and non-critically ill children to the training period. Private nurses in the city of Montreal have increased their rates from $8.00 to $10 for an eight-hour day.

The Moncton Chapter of the *New Brunswick* Association of Registered Nurses presented the leader of the graduating classes of the Moncton and Hotel Dieu hospitals with copies of "A Lamp is Heavy" by Sheila MacKay Russell.

Orientation et Tendances en Nursing

Le Comité Exécutif de l'Association des Infirmières du Canada a décidé que le temps était venu de faire une étude sérieuse du rôle de l'auxiliaire dans les soins infirmiers offerts au public. Un comité spécial fut nommé pour étudier ce problème. Ce comité se mit à l'oeuvre et à la suite de quatre jours d'étude prépara un rapport des plus compréhensif. L'on peut s'en procurer un exemplaire en s'adressant au Secrétariat Général de l'A.I.C.

Voici en quelques lignes les principaux points de ce rapport. Ce comité est d'avis:

1. Qu'il faut augmenter le nombre des auxiliaires.
2. Que la préparation des aides doit être plus uniforme.
3. Que ces aides doivent être employées de la façon la plus adéquate.

L'entraînement des aides est subordonné aux facteurs suivants:

1. Loi de l'offre et de la demande.
2. Une législation protégeant (a) le public, (b) l'auxiliaire.
3. Education—Projets permettant à des institutrices de se déplacer et de donner le cours.
4. Faire connaître le rôle de l'auxiliaire: (a) aux professions médicale et infirmière; (b) au public.

Désignation: Le nom par lequel l'on peut désigner l'aide en anglais n'offre aucune difficulté. Celui de "nursing assistant" est suggéré.

Définition: L'aide-malade est celle qui, sous la direction d'un médecin ou d'une infirmière enregistrée, soit à l'hôpital, soit à domicile, aide à donner des soins aux malades. Elle rend certains services lesquels, contrairement à ceux rendus par l'infirmière professionnelle, ne requièrent qu'une connaissance élémentaire du nursing.

Les attributions des aides-malades sont:

1. Sous la direction d'une infirmière, aider aux soins des malades à l'hôpital.
2. Sous la direction d'un médecin ou d'une infirmière, prendre soins des malades à domicile qui ne requièrent pas les services d'une infirmière.
3. Tenir l'entourage du malade dans un état hygiénique.
4. Appliquer les connaissances élémentaires de la tenue d'une maison.

Offre et demande: L'analyse des besoins d'une région devra être faite afin de déterminer le nombre d'aides-malades devant être préparées immédiatement et pour l'avenir.

Législation: A date, une seule province a une loi concernant la préparation et l'exercice de l'aide-malade. Le comité a recommandé que chaque association provinciale fasse pression auprès de son gouvernement pour qu'une loi concernant les aides-malades soient adoptée.

Education: Un programme fut préparé. En voici quelques extraits:

1. Organisation d'un comité consultatif, chargé d'assister la directrice de l'école d'aides-malades au besoin.

2. Il semble désirable que l'école d'aides-malades soit établie en dehors d'un hôpital mais dans une institution qui offre des ressources cliniques suffisantes pour donner une expérience adéquate et pouvant préparer ces élèves à aider dans les soins des malades adultes et enfants.

3. Il doit y avoir une infirmière chargée de la surveillance et de l'enseignement par 20 élèves aides-malades. Il est important que ces institutrices comprennent bien le rôle de l'aide-malade et reconnaissent qu'elles peuvent rendre des services appréciables à la société.

4. En général, l'âge d'admission pour les aides-malades devrait être de 18 à 40 ans; des exceptions peuvent être faites en faveur de personnes plus âgées. Un examen médical complet, comprenant une radiographie pulmonaire, les vaccinations, est de première importance. Il est recommandé que les élèves soient assurées dans une assurance d'hospitalisation. La première année du cours primaire supérieur est le degré d'instruction exigé. Un choix judicieux des candidates est recommandé afin d'éviter les départs et les renvois.

5. La durée du cours devrait être de 9 mois, dont 3 mois de probation et 6 mois d'expérience chez les malades.

6. Le programme d'étude doit être préparé de façons à donner les connaissances suivantes: anatomie élémentaire et fonctions du corps humain et des techniques simples.

7. Un uniforme distinctif propre aux aides-malades devrait être adopté par ce groupe. Un chevron sur la manche et sur la coiffe ou voile est suggéré. Si une épingle est donné, le mot "Aide-Malade" devra être inscrit bien lisiblement.

8. Les besoins de la population concernant les aides-malades du sexe masculin devraient être considérés parce qu'ils sont utiles.

Bureau de placement: Une fois le cours est complété avec succès les aides-malades devraient s'inscrire dans les registres professionnels. Elles seront à la disposition du public et des hôpitaux.

Salaires: Le salaire suggéré par le comité est de 70 pour cent du salaire de l'infirmière en service général.

Coup d'Oeil Ici et Là

Dans les journaux on a vu les portraits des jeunes diplômées de nos écoles d'infirmières. Les photos nous révèlent des visages souriants, des yeux brillants. Elles semblent prêtes à affronter le monde et tous ses problèmes. Avec ces nouvelles recrues le personnel de nos hôpitaux et de nos services de santé sera augmenté dès l'automne prochain. Néanmoins le nombre des infirmières est encore insuffisant pour donner à la population du Canada tous les soins et tout l'enseignement en matière de santé dont elle a besoin.

Dans la province d'*Ontario* le Ministre de la Santé estime qu'il faudrait 6,000 infirmières de plus. Tout à côté de cette déclaration l'on peut lire qu'une infirmière n'a pas accès à une position permanente dans un hôpital de l'Ontario parce que la loi ne permet pas à plus d'un membre de la même famille d'avoir un emploi permanent au gouvernement. Les petits salaires payés par les départements de santé sont la cause de changements continuels parmi le personnel. A Guelph, Ont., le salaire des infirmières du service de santé de la ville a été augmenté; il est maintenant de $2,100 par année.

Colombie-Britannique—De cette province l'on rapporte que des réunions ont eu lieu dans les différentes parties de la province. A chacune de ces réunions, Mlle G. Hall, secrétaire générale de l'Association des Infirmières du Canada, a adressé la parole. La presse a accueilli favorablement la suggestion faite par les infirmières du service privé d'augmenter leur tarif.

Alberta—L'assemblée annuelle de l'Association des Infirmières Enregistrées de l'Alberta a eu lieu à Banff en mai. Parmi les conférenciers de marque, Dr. Pauline Jewett a parlé sur "C.N.A. Structure Study"; le Vice-Maréchal G. R. Howson sur la Défence Civile; et Mlle G. Hall sur l'Avenir de la Profession.

Québec—Des cérémonies impressionnantes ont marqué le 50e anniversaire de la fondation de l'école d'infirmières de l'Hôtel-Dieu,

Montréal. L'Association des Infirmières de la Province de Québec tenait sa 31e assemblée annuelle dans cette imposante école. Environ 1,000 infirmières se rendirent à cette réunion venant d'aussi loin que des Iles de la Madeleine. Des conférenciers de marque étaient au programme, tels que le Dr. Hans Selyé, directeur du département des recherches à l'Université de Montréal; le Dr. Robert Cleghorn, le Dr. P. Larivière, et M.-Albert Angers. Les infirmières prirent part au programme, organisant des symposiums et des démonstrations.

L'Ecole des Aides-Malades du Montreal Convalescent Hospital vient d'ajouter deux mois d'entraînement à son cours régulier dans le but d'enseigner aux élèves de cette école les soins à donner aux convalescents et aux enfants normaux.

CHEZ LES NÔTRES

Afin de renseigner les infirmières de langue française sur le rapport Baillie-Creelman—"Etude sur l'Hygiène Publique au Canada"—*The Canadian Nurse* a publié quelques articles sur les chapitres les plus importants. Pour clore cette série nous publierons dans la page française du numéro d'octobre un article du Dr J. E. A. Marcotte, psychiâtre, sur "L'Infirmière Hygiéniste et la Santé Mentale."

Annual Meeting in Manitoba

The 37th annual meeting of the Manitoba Association of Registered Nurses was held April 24-25, 1951, in the Concert Hall of the Fort Garry Hotel, Winnipeg. A total of 407 members registered for the meeting. The sessions were held each afternoon and evening.

"Looking Ahead with the Canadian Nurses' Association" was the title of the address given by Miss G. M. Hall, general secretary, C.N.A., at the opening session. Miss Hall emphasized the increasing participation of the C.N.A. in the International Council of Nurses and, through it, the World Health Organization. Thus the individual members of the provincial associations in Canada have a very direct professional responsibility to national and international nursing enterprise today.

At the evening session on April 24, the Cancer Research Institute presented a film entitled "Breast Self-Examination" which gives excellent instruction to women on self-examination for the purpose of the early detection of tumors in breast tissue.

Following this film, a panel discussion on "The Nursing Team" was presented. Those participating were: Miss A. Jean Gordon, convener, Hospital and School of Nursing Section, who arranged the discussion; Sr. Delia Clermont, director of nurses, St. Boniface Hospital; Miss Winifred M. Barratt, registrar and consultant for Licensed Practical Nurses; Miss Mary Shepherd, superintendent of nurses, Municipal Hospitals, Winnipeg; Miss Grace Johnston, director of nursing service, Maternity Pavilion, Winnipeg General Hospital; Miss Kathleen Ruane, superintendent of nurses, Children's Hospital, Winnipeg; and Miss Bertha L. Pullen, superintendent of nurses, Winnipeg General Hospital, who summarized the discussion and concluded it with the following quotation from "Nursing for the Future" by Esther Lucile Brown, Ph.D.:

> No one assumes that the task of creating efficient, differentiated but integrated nursing service based upon functional requisites will be easy or readily accomplished, or that progress will everywhere be uniform. No one who knows the diversity of conditions from hospital to hospital and from agency to agency would advocate a single pattern or even several patterns to be slavishly copied, regardless of suitability. What is advocated is wide experimentation, pooling and exchange of ideas, critical evaluation of accomplishment, and then further experimentation on the basis of lessons learned. What is advocated, furthermore, as an absolute antecedent to such experimentation is conviction, not lip-service alone, on the part of the nursing profession, the other health professions including hospital administrators, and the laity concerned with social change, that new patterns of nursing service must be evolved both in behalf of adequacy of supply and of quality. The elements for these patterns, it has been seen, are largely known. They have been used sometimes for years in

differing degrees in many places. How various kinds of personnel can be better selected and trained and their efforts co-ordinated is the problem to be solved.

At the dinner meeting, April 25, Professor R. A. Wardle, M.Sc., F.R.S.C., in his address entitled "Mumblings in Medicine" created great hilarity by his personal observations of the fantastic skills and practices of some of the medical practitioners in past and present fiction.

At the business sessions approval was given to: (1) revised personnel policies for nurses; (2) a fee of $9.00 for 8 hours of private nursing service; (3) an annuity plan for M.A.R.N. employees.

LILLIAN E. PETTIGREW,
Executive Secretary, M.A.R.N.

Hospitals are People

Impressions of a Visitor

May 12, 1951, was "Hospital Day" at St. Paul's Hospital, Saskatoon. This is an age of slogans and St. Paul's — which is nothing if not modern — greeted visitors with "Hospitals are People" and then set out to prove it!

We were welcomed at the door by a Grey Nun and, after being made to feel thoroughly "at home," we were led off on a "conducted tour" by a charming nurse.

Our tour began on the fourth floor where we were led through one of the best-equipped laboratories in Canada. From the Lab. we came down to third floor; there our first call was in the operating department, where we inspected all sections. The door through which we passed to the maternity department was decorated with a stork and the baby he had just delivered, already on the scales. We took a peep through the windows of the nursery. The women of our party were enchanted by the sight of the new babes, dear to all motherly hearts! We were particularly interested in the "formula room" which is equipped with an ultra-violet light which — we were informed — purified the air so that no germs could enter the infant's food.

On the second floor we looked in at the beautiful chapel — the "heart" of this establishment.

Children's ward was next on the list. There we were shown a premature infant in an incubator and were told that the hospital possesses seven incubators, the first of which was donated by the Women's Auxiliary.

We were able to see the wonderful things that are being done to help polio victims in the isolation wing, including a demonstration of the iron lung and the "oscillating bed" (evolved by Dr. E. L. Harrington of the University of Saskatchewan). We caught a glimpse of the pharmacy and were impressed by the orderliness and cleanliness which shone at us through the door of that department. We saw the central dressing room and were shown the x-ray apparatus — and thought of the brave men who gave their lives in the perfecting of this wonderful treatment. Finally, our capable guide conducted us to the cafeteria, recently furnished with gay curtains and comfortable chrome and leather chairs by the Women's Auxiliary, members of which served refreshments to us.

We saw, in our mind's eye, those two Grey Nuns, Sisters Phaneuf and Guay, who had called at St. Paul's Rectory in September, 1906, intending only to stay in the town overnight but who stayed on to nurse typhoid victims, and eventually remained to found a hospital. "Tall oaks from little acorns grow" and now, less than half-a-century later, that temporary hospital of a few beds has become the present 325-bed edifice, furnished with all the latest scientific appliances.

"Hospitals are People" . . . indeed! The building, however imposing it may be, is not the hospital, but, rather, the "tool" operated by people who so unselfishly devote their best years to serving their fellowmen in time of need. My "Hospital Day" visit to St. Paul's amply demonstrated this fact to me!

Creation of an "artificial muscle," probably the first in history, has been achieved in Columbia University laboratories. While not living tissue, the "muscle" nevertheless is composed of actomyosin, a chemical found in all muscles. Developed by Dr. Teru Hayashi, assistant professor of zoology, the artificial fibres, when treated with ATP, another muscle substance, contract and in the process lift 100 times their own weight. The work will throw new light on muscle function.—*Columbia Reports*, June, 1951.

Nursing Profiles

Elsie Caroline Ogilvie, who has been lecturer in psychiatric nursing at the McGill School for Graduate Nurses for nearly three years, has been appointed nursing consultant with the American Psychiatric Association. Her headquarters will be in Washington, D.C.

After teaching school for three years, Miss Ogilvie commenced her training at Grace Hospital, Toronto. Following graduation in 1919, she engaged in private nursing for several years then became a supervisor at Grace Hospital. In 1928 she received her certificate in administration in schools of nursing from the McGill School, then spent several months in the Rockefeller Institute in New York. She was appointed assistant director of nursing at the Neurological Institute, Columbia Presbyterian Medical Centre, New York. Six years later she went to the Institute of Living, Hartford, Conn., where she served as director of nursing until 1945. She returned to Canada then to serve with the Mental Health Division of the Department of National Health and Welfare, Ottawa. During the two years she was there, she made a survey of nursing needs in the mental hospitals across Canada. Exceptionally well qualified in mental health work, Miss Ogilvie's departure for the United States is a loss to the Canadian nursing scene.

ELSIE C. OGILVIE

Winifred Mary Barratt is the capable registrar and consultant for licensed practical nurses for the province of Manitoba. Born and educated in England, Miss Barratt graduated from the Children's Hospital, Winnipeg, in 1931. After a year in private nursing and general staff work, she joined the Manitoba public health nursing service and served in various communities throughout the province until she assumed her present duties in October, 1948.

Miss Barratt was a member of the group who received the special civil defence training at Minneapolis early this year. She has a big job ahead of her training the practical nurse group to assist in the event of an emergency. Her favorite hobby is "reading in bed." Having recently acquired a bungalow, much time is now spent in gardening.

Aileen Flett is returning to her alma mater, the Ross Memorial Hospital, Lindsay, Ont., as superintendent. Following graduation, she served in various capacities at R.M.H. for a number of years, including ten years as instructor. Since 1946 Miss Flett has been director of nurse education at Mountain Sanatorium, Hamilton.

Miss Flett has an impressive background of post-graduate study to fit her for her new duties. In addition to courses in tuberculosis nursing taken at the Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que., and in obstetrical nursing at the Maternity Hospital, Cleveland, Ohio, she holds certificates in: teaching and supervision, secured at the School of Nursing, University of Toronto; job relations training, from Wayne University College of Nursing, Detroit; and hospital administration, from the McGill School for Graduate Nurses.

Isabel Lane has assumed her responsibilities as the first nursing school adviser for New Brunswick. Sponsored by the New Brunswick Association of Registered Nurses, this project has been approved by the Department of National Health and Welfare and will be paid for from the federal health grant to that province. After receiving her B.A. degree from the University of New Brunswick, Miss Lane taught school for a while before enrolling in the school of nursing of the Montreal General Hospital. She took post-graduate work in tuberculosis nursing at the Saint John Tuberculosis Hospital and gained further experience in staff nursing before she went to the McGill

School for Graduate Nurses. After obtaining her certificate in teaching and supervision in school of nursing, Miss Lake became science instructor at Victoria Public Hospital, Fredericton. For the past three years she has been engaged in public health nursing with the provincial service in New Brunswick.

Miss Lane has served on the Executive Council of the N.B.A.R.N., was chairman of its Committee on Legislation, and is currently a member of its Board of Examiners.

ISABEL LANE

Helen Estelle Schurman, superintendent of Prince County Hospital, Summerside, P.E.I., since last January, recently had the joy of seeing the students and graduates on her staff move into a new commodious residence.

For Miss Schurman, her appointment to the Summerside hospital was a homecoming for that was the place of her birth. Educated in Wolfville, N.S., she had attended Acadia University before she enrolled for her nurse's training at the Royal Victoria Hospital, Montreal. She received her certificate in public health nursing from the University of Toronto and was in charge of the student health program at Acadia University for 15 years before she turned to institutional work. Prior to her present position she was superintendent of the Eastern Kings Memorial Hospital in Wolfville and, more recently, superintendent of nurses at the Victoria Public Hospital in Fredericton, N.B.

C.P.R. Photo

ISLAY HISCOX

A nursing career covering more than 40 years came to a close last April when **Islay Hiscox,** assistant supervisor of the Royal Victoria Montreal Maternity Hospital, retired.

Miss Hiscox joined the staff of the old Montreal Maternity Hospital in 1917, immediately after she had returned to Canada from Cincinnati where she received her training and spent four years in an eye, nose and throat hospital. When the present maternity building was opened in 1926 she was in charge of operating rooms and case rooms. She was appointed assistant supervisor in 1935 and set about the work that has won her international recognition — the establishment of the first Milk Bank in Canada. Through the intervening years, the Bank was one of her chief responsibilities. The milk, which is frozen and kept in deep-freeze lockers, has helped to save the lives of a very great many infants.

Supervision of the formulae room was another important phase of Miss Hiscox' work. Through the years, thousands of student nurses have received instruction from Miss Hiscox in the skills of infant feeding.

Holding the enviable record of never having missed a day on duty during her 40 years, Miss Hiscox has moved to Seagrave, Ont., and is busy furnishing her new home.

Missing Person

The Red Cross would like information concerning **Madolene Connly** or **Connely,** Reg. N., age 45-50. Her last known address was St. Joseph's Hospital, Parry Sound, Ontario. She is sought by Miss Lillian Retz. Write to *Miss Lavina Johnson, Director, National Enquiry Bureau, Canadian Red Cross Society, 95 Wellesley St. E., Toronto 5, Ont.*

Student Nurses

Preparation to Meet Personal Needs

RUTH BLAIR *and* VAL EGROFF

Average reading time — 5 min. 12 sec.

"PREPARATION FOR our professional future." What a vast field of opportunities and unlimited possibilities lie ahead of the professional nurse! We as nurses must have a wide vision, set a high goal, and strive together to attain that objective. What *is* our aim for the future? The Hon. Paul Martin, Minister of Health, has said that "the ultimate goal of universal good health . . . is a state of physical, mental, and social well-being and not merely the absence of disease or infirmity." This then is our challenge for the future—"Health for All."

What part will *we* be expected to play in attaining this goal? Our nursing care must include the mental, emotional, and spiritual as well as the physical aspects of the individual in relation to his whole environment. Sister M. Olivia of the Catholic University of America has given us the following definition of nursing:

> Nursing in its broadest sense may be defined as an art and a science which involves the whole patient—body, mind, and spirit; promotes his spiritual, mental, and physical health by teaching and by example; stresses health education and health preservation, as well as ministration to the sick; involves the care of the patient's environment—social and spiritual as well as physical; and gives health service to the family and community as well as the individual.

We must accept the responsibilities of a professional person in society and be prepared to effectively participate in the formulation of social legislation for the improvement of the health and welfare of all people, not only our own community and country but we must also be prepared to play our part in meeting world health problems.

What are or will be our personal needs to meet this challenge and how may we best be prepared?

One important need is maturity, both emotional and intellectual. To be mature we must have self-understanding and self-discipline which will assist us to adjust to new situations.

Health and social problems will form much of our responsibility. Therefore we shall need a scientific approach to problems to view them critically, to use initiative and creative ideas in arriving at a solution.

A third important need is the ability to accept responsibility, give leadership, and work with others in achieving our common goal through a common understanding.

Perhaps our most important need is the need for a faith or a philosophy of life to guide us in our personal conduct and in establishing our sense of values. Our faith must not be narrow and rigid, leading to intolerance and prejudice. It must help us to develop a sympathetic understanding of the beliefs and customs of others.

These are but a few of the personal needs we might have discussed but let us now consider the preparation necessary to meet our needs.

A knowledge of the physical sciences is essential in establishing sound principles upon which to base our nursing techniques. Some knowledge of the medical sciences is also neces-

Misses Blair and Egroff are student nurses at the Kitchener-Waterloo Hospital, Kitchener, Ont.

sary for an intelligent understanding of the patient, the doctor's plan of treatment, and the nursing needs of the patient.

Perhaps most important is a knowledge and understanding of psychology and sociology. A grasp of the fundamental principles of psychology is vital for a sympathetic, tolerant, and intelligent understanding of human behavior. It is most important if we are to know ourselves. Such understanding will help us to become emotionally stable and mature individuals, capable of accepting professional and social responsibility. It will guide us in caring for every aspect of the patient, including his emotional and spiritual needs.

A broad understanding of sociology is important if we are to take our part as professional people in society. Not only must we be aware of the effects of environment in the development of an individual but we must also have an understanding of the community in which we are to serve. Sociology deals with the behavior of groups. One of the most important of these groups is the family. It is only as the nurse understands this basic institution that she can fully appreciate its function in sickness and in health. Sociology includes the study of mores, folkways, the content of culture, and the social institutions. Such knowledge is essential for the nurse since she works more closely with the individual as a patient than any other professional worker.

How much more interesting nursing becomes when we have this background knowledge about the patient and the community from which he comes! We have found in our school of nursing that, after a year's study of psychology and sociology at Waterloo College, we have a much better understanding of ourselves and a more intelligent appreciation of our patients. Thus we are better able to plan for their total needs.

Learning to solve problems becomes more interesting, too, when we work together on projects which pertain to a particular patient or group of patients. This stimulates the nurse's own personal responsibility and desire to look up information in the library regarding the diseases, the nursing care and treatment of the patients to whom she is assigned.

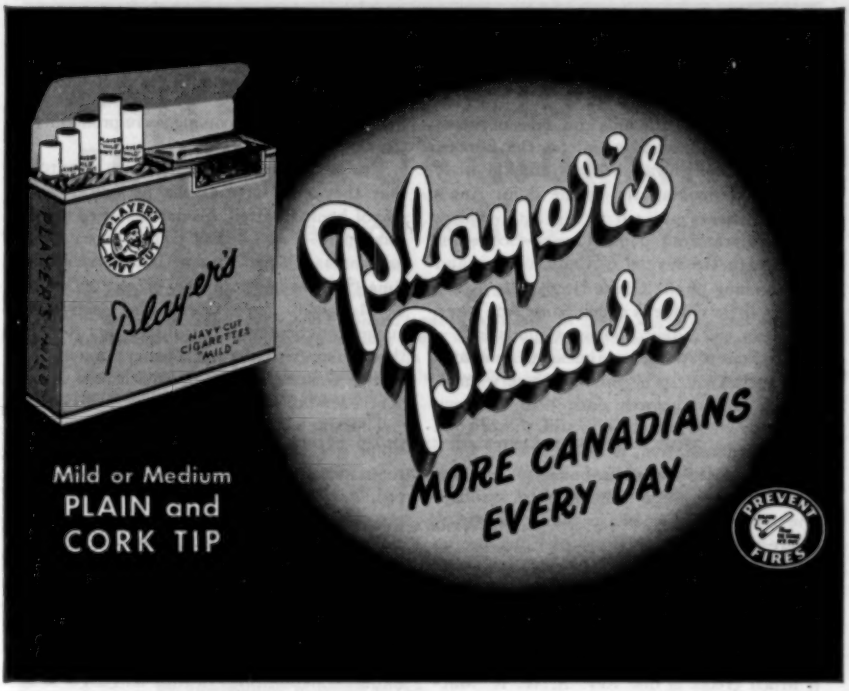
Let us not forget the full development of our own personality. Psychologists have proven after much research and observation that a person must have recreation, diversion, and outside activity, apart from daily work. How important this is in the life of a nurse! Such activities bring rest of mind so that she is more fit to resume her daily duties. We should participate in the social activities of our fellow workers but we also need friends outside of our profession in order to keep us alert and conscious of the activities in our surrounding society.

Only by being well prepared to meet our personal needs can we gain personal satisfaction and happiness in our work, which is so essential for our own mental health and in giving our best service to other people.

The future will be what we make it. Are we preparing today to meet the challenge of the future? If we are not ready some other specialized group will take over and fulfil our ambitions. Our progress in the future depends on each individual nurse. We must keep alert, interested in new skills and the continual improvement of the old skills. To be prepared to meet the future of our profession, we must be equipped to meet our own personal needs. Then we shall be ready to play our part in meeting the challenge of the future.

In order that people may be happy in their work, these three things are needed: They must be fit for it: They must not do too much of it: And they must have a sense of success in it.—RUSKIN

Let us be of good cheer, remembering that the misfortunes hardest to bear are those that never come.—LOWELL



Rheumatoid Arthritis Therapies

(*continued from page 584*)

that might provoke the inflammatory response by the tissues of the joints.

Dr. Brown was led to the L organisms as possible provocative agents by several discoveries of the past decade. One was the fact that they may cause joint disease in rodents. Another was the fact that gold salts kill L organisms in the test tube. The third was the finding of L organisms in human beings. Dr. Brown and his co-workers themselves have recovered PPLO from rheumatoid arthritis patients.

In some cases of rheumatoid arthritis, Dr. Brown reports, he has been able to obtain improvement by means of small doses of terramycin or somewhat larger doses of aureomycin or chloramphenicol alone. In others, antibiotic treatment has led to a flare-up in rheumatic symptoms. He attributes this to too-rapid killing of the organisms and release into the spaces between joint tissue cells. As a result a great many L organisms make contact at the same time with the antibodies with which the body fights such invaders, causing an exaggerated response and increased pain and swelling. However, such effects can be prevented, the George Washington rheumatologist declares, by administering an antibiotic and cortisone together.

— *Medical and Pharmaceutical Information Bureau, N.Y.C.*

Patients roused with their shrieks and shouts the little hospital of Calvinia, in the Karroo region of South Africa, one night when into their ward, waving its trunk menacingly, stumbled an elephant. It took some orange peel from a table at a bedside and then lumbered down the ward, smashing chairs in its way and knocking over glasses. A surgeon heard the commotion and coped with the emergency by picking up a couple of oranges and luring outside the invader with them.—*The British Journal of Nursing*

The Revival of the Gaelic Language in Nova Scotia

JOSEPHINE BEATON

Nestled among the hills and dales of scenic Cape Breton Island and along the famous Cabot Trail highway lies a beautiful little village, overlooking the serene Saint Ann's Bay. My heart goes out to this little village, with its scattered population of Scots, for here began the revival of Celtic culture and the teaching of the Gaelic language.

This little village is called Saint Ann's and it houses the Gaelic College Foundation — the only one of its kind on the North American continent. True, its beginning was very small, indeed, but its growth since 1940 has been tremendous. Although it is still the original log cabin foundation, it is the nucleus for a fine, up-to-date college in the near future. Already on the college grounds there stands a fine new building, known as the Craft Centre, where wool from the sheep of Cape Breton farms is taken to be carded, spun, dyed, and woven into authentic clan tartans and tweeds, which are later made into skirts, coats, scarves, and many other useful and beautiful articles.

Much credit is due Rev. A. W. R. MacKenzie, a Scottish Presbyterian clergyman from Baddeck, for his untiring efforts in this worthwhile project.

Classes are held at this college each year during the months of July and August in the form of a Summer School Training Centre, where students are taught not only the history of the language and how to read and write it but also Gaelic music and sports of all kinds. All this is of great importance to the Scot for it means that the Gaelic language, which was "dying out" in Nova Scotia, has been revived and the characteristic accent of the Cape Breton Scottish is becoming more pronounced than ever.

This project has advanced to such an extent that they now have Gaelic periodicals and school books printed. Gaelic has already become part of the school course of study in some areas of Cape Breton. They have a full-time Gaelic adviser in the person of Major C. MacLeod, a professor of the Gaelic language from Scotland. It is interesting to note that, along with the work being done at the Gaelic College, other universities in Nova Scotia are taking an active interest in Gaelic.

The annual Gaelic Mod, which means simply "a gathering of the clans," attracts thousands of pleasure-loving and music-loving people from all over the country. This adds to the rapidly growing fund for the new college.

The characteristic "Cape Breton accent," to which I have already referred, spells the warmest of highland hospitality and stout hearts harboring ample room for all things just and righteous. I hope these folk from the land of the heather and thistle will continue to take constant pride in their language, their customs, their sincere Scottish romances and last, but not least, their accent.

As you drive along the highways of Cape Breton Island you will frequently see name-places so typical of Old Scotland. Underneath the name-places on the sign-posts you will often see three little Gaelic words, "Ciad Mile Failte," meaning, of course, "A hundred thousand welcomes." As you leave Cape Breton you will agree that the Cape Breton Scots live up to their Gaelic slogan, "Ciad Mile Fialte."

(*See News Notes for Halifax Infirmary, N.S.*)

Book Reviews

The Community and Public Health Nursing — A Handbook for and about Boards and Citizens Committees, by Edith Wensley for the National Organization for Public Health Nursing. 250 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1950. Price $3.50.

Reviewed by Hazel Macdonald, Supervisor of Nurses, Cape Breton Island Health Unit, N.S.

This book should be thoroughly read. Its purpose, as stated in Part I, is "to point up the community's role in public health nursing services, voluntary and governmental, and to help representatives of the community

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Session 1951-52

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Whereas a candidate with Senior Matriculation standing may register in the Faculty of Arts of this University and complete the General course in Arts in 3 years, and, whereas some of the subjects of this General course in Arts are identical with certain subjects included in the above Certificate courses, it has been arranged that a graduate nurse who registers in this General course in the Arts Faculty may register at the same time in this School and, during the same 3 years, cover the requirements for the Certificate in one of the courses as described above, except that the courses in Clinical Supervision are not included in this arrangement.

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THE SECRETARY

to fulfil that role to the best of their ability." This part also includes a concise history of public health nursing, an outline of how it is practised at present, and suggestions for extension of service into the future.

In Part II primary consideration is given to the organization of boards and citizens' committees, selection of members, and how to guide their activities. Through participation in this work the tax-payer sees how and where his tax-dollar is spent, he has an opportunity to express his opinion, and to support or object to the administration.

Part III deals with board, executive and staff relationships and specific advice is given in regard to program planning.

Valuable information is offered in regard to making meetings more interesting and in the use of volunteers. Review sections, charts and tables are used to advantage throughout. This is a stimulating and thought-provoking book.

Surgical Nursing, by Eldridge L. Eliason, A.B., M.D., Sc.D., F.A.C.S., L. Kraeer Ferguson, A.B., M.D., F.A.C.S., and Lillian A. Sholtis, R.N., B.S., M.S. 728 pages. Published by J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 9th Ed., revised and reset. 1950. Illustrated. Price $4.00.

Reviewed by Helen A. Saunders, Operating Room Instructor, Vancouver General Hospital.

This text has been revised by the authors with the intention of keeping it in step with the rapid advances in surgery and the equally swift changes in emphasis in nursing education. Throughout the text the specific emotional factors involved in different surgical illnesses and the need for the nurse's understanding is well brought out. There is also an attempt to point out the social and economic aspects, when applicable, and to stress the role of the nurse in the rehabilitation of the patient. To be able to present such a vast amount of information in 671 pages requires great condensation and selectivity, both of which arts are manifest to the reader. To some extent the necessary condensation has hampered complete attainment of the objectives. However, the book acquires its value as a reference text chiefly from: its emphasis throughout on consideration of the patient, its mass of factual information, and its excellent pictures and explanatory diagrams. Seldom does one find so many illustrations of such practical value, though unfortunately there is no index of illustrations given.

The first third of the book is an Introduction to Surgical Nursing. Here the chief criticism might be that valuable space is given over to basic nursing procedures—for example, catheterization—which are perhaps learned better from the school's own procedure sheets and from texts on Principles and Practice of Nursing. The section in this part on Post-Operative Complications is a little confusing in organization, as there is a doubt left in the reader's mind as to which *is* a complication, which a sympton of a complication, and which a usual post-operative discomfort.

Much of the book is devoted to specific surgical conditions of the various systems. Each unit has a brief outline of anatomy, an easily understood explanation of the disease condition, a very brief mention of operative procedure, and a fairly comprehensive outline of pre- and post-operative care. This part includes useful information on the care of special equipment involved—e.g., tracheotomy and Miller-Abbott tubes, etc. Each unit is concluded with a list of references and a sample test to evaluate learning of the information presented.

A final 60-page unit on the operating room will be useful to the instructor in that department who is assisting with the orientation of new students. Particularly up to date is the information given on sterilization with its emphasis on heat sterilization, rather than the use of antiseptics.

Though not sufficiently detailed in the surgical specialties for the post-graduate level student, this book is certainly one of the best available surgical nursing texts for the student nurse. The presentation of material in the unit plan will make it a favorite with the instructor who is trying to correlate surgical, medical, and dietary aspects of illness along with the anatomical systems concerned.

Microbiology with Applications to Nursing, by Catherine Jones Witton, M.A. 692 pages. Published by McGraw-Hill Co. of Canada Ltd., 50 York St., Toronto 1. 1950. Illustrated. Price $5.45.

Reviewed by Adelaide Haggart, Director of Nursing Education, Royal Victoria Hospital, Montreal.

The author has taught microbiology to student nurses for many years and knows the

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difficulties in teaching this subject and relating it to nursing.

The book is divided into seven sections, each dealing with a specific portion of the subject which follows in logical sequence. The appendix of nearly 70 pages deals with laboratory methods, literature, teaching aids, and classification. At the beginning of each chapter is a summary of the contents and at the conclusion a study suggestion for students and a suggested reading list which are helpful and useful. Drawings and photomicrographs are used to excellent advantage and aid in understanding some of the more difficult ideas.

The author presents sound, up-to-date information and does not attempt to simplify the subject as this cannot really be done and at the same time retain accuracy. The information not only covers that required for the course but will be a source of knowledge for the student in other courses and in her professional career. The chapter on chemotherapy illustrates this point as do sections five to seven.

Whenever possible the author relates this subject to nursing. This is one of its great advantages over other texts in microbiology. The chapter on the control of microorganisms

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Province of Ontario

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EXAMINATION ANNOUNCEMENT

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An examination for the Registration of Nurses in the Province of Ontario will be held on **November 14, 15** and **16.**

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

The Director,
Division of Nurses Registration
Parliament Buildings, Toronto 2

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Further information may be obtained from the *Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria.*

Candidates must be British Subjects, under 40 years of age, except in the case of ex-service women who are given preference, unmarried, or self-supporting. Application forms obtainable from all *Government Agencies, the Civil Service Commission, Weiler Bldg., Victoria,* or *636 Burrard St., Vancouver,* to be completed and returned to the **Chairman, Victoria.**

by physical means is exceptional and practical in nature, making use of proven tests by the companies which sell sterilizing equipment.

Portions of the chapter on Sources and Modes of Infection–Person to Person, would be well worth reading by the laity. Clear, forceful statements are made on personal hygiene.

This is a book that instructors will be happy to have and they will be grateful to Mrs. Witton for her effort.

Practical Statistics—In Health and Medical Work, by Ruth Rice Puffer, Dr. P.H. 238 pages. Published by McGraw-Hill Co. of Canada Ltd., 50 York St., Toronto 1. 1950. Illustrated. Price $4.90.

Reviewed by E.A. Electa MacLennan, Director, School of Nursing, Dalhousie University, Halifax.

Are you one of those people who "use statistics like lamp-posts, not for illumination but to lean against"? If so, you will find Dr. Puffer's new book on statistics a godsend! The author has a long and varied experience in the public health field upon which to draw for her textbook material.

Unlike the majority of texts on statistics which deal at length with methods, computations, and technical aspects of collecting data, Dr. Puffer includes only those methods which are basic and elementary. She places emphasis on the *application* of statistical method to analysis of health data. Her book is enriched with citations of actual experiences of health agencies in using sound statistical methods in analyzing their programs and how the records of the agency were thus used effectively to improve health services to the public.

The arrangement of the material is easy to follow and the many sub-headings in each chapter are of great help in finding the particular topic you are seeking.

Dr. Puffer gives encouragement to the health worker in her statement that "for statistical work in the medical and social sciences, relatively simple methods are usually sufficient . . . It is hoped that this book will show how easily statistical work may be carried on when planned in advance, how few statistical techniques are necessary, and how useful statistical data are for progress in health and medical work." Even though the nurse is not expected to function as a statistician she does need to have a

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A SENIOR INSTRUCTRESS OF NURSING

A Registered Nurse, preferably with Mental Nursing Certificate, is required for the above position at the Hospital for Mental Diseases, Brandon, Manitoba. Applicants must be capable of supervising educational program for undergraduate and graduate nurses, under direction of Superintendent of Nurses.

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A Registered Nurse, preferably with Mental Nursing Certificate, is required for the above position at the Hospital for Mental Diseases, Brandon, Manitoba.

Salary Schedule: $195.00-$220.00 per month, less $25.00 for full maintenance (board and room, laundry and uniforms).

The above positions offer regular annual increases, liberal sick leave with pay, 4 weeks' vacation with pay annually and pension privileges.

For full particulars apply immediately to the Superintendent of the hospital in question or the

MANITOBA CIVIL SERVICE COMMISSION

247 LEGISLATIVE BUILDING **WINNIPEG, MANITOBA**

sympathetic understanding of the importance of the records of the agency for study and research purposes. As the author says, "Appreciation of the value of such statistical work by *each person* concerned with health and medical programs will aid in the advancement of scientific work" and *each person* means the nurse as well as any other staff member. Chapter 4 on Presentation of Data should prove especially valuable in assisting us to use statistics "for illumination" rather than "to lean against."

A Handbook of Charting for Student Nurses, by Alice L. Price, R.N., B.S. 259 pages. Published by The C. V. Mosby Co., St. Louis. Canadian agents: McAinsh & Co. Ltd., 1251 Yonge St., Toronto 5. 4th Ed. 1951. Price $3.50.

Reviewed by Margaret A. Fullerton, Instructor, School of Nursing, Vancouver General Hospital.

This book is comprised mainly of standard charting rules, lists of abbreviations and symbols accepted in charts, and sample methods of charting for the more elementary nursing situations, together with blank pages available for completion of exercises given. The handbook outlines means of achieving uniform printing and emphasizes the importance of correct recording. As well as outlining the accepted procedure of charting treatments encountered early in the nurse's career, suggested guides for the charting of more advanced treatments are included with suitable assignments. The manual is perforated for easy removal of assignment pages.

In order that the student "may readily see the relationship of her own recorded notations to those made by doctors and various technicians concerned with the care and treatment of the patient," a complete sample chart is included. There is also a detailed table of terms commonly used in charting which should prove helpful in familiarizing students with accepted medical terminology and guide them in the best choice of words.

Charting stationery and the accepted methods of charting vary in each hospital. This variance creates problems if an attempt is made to provide a charting manual displaying sample charts to serve as a model for students. The organization of the course in charting displayed in this manual might prove helpful to an instructor but the sample pages of charting would need alteration in

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For further particulars apply to:

Superintendent of Nurses, Toronto Hospital, Weston, Ontario.

accordance with the rules of the individual school if confusion of the students is to be avoided. In the sample chart, for example, the application of an ice-collar, the administration of oxygen, and the insertion of a rectal tube are all listed in the medication column. Abbreviations are used more freely than is generally approved. Space is not conserved as carefully as it might be. The temperature, pulse and respiration, although charted on the graphic sheet, are repeated in the nurse's notes. On the sample pages, apart from the complete sample chart, a full line is allowed for the nurse's signature. These and other examples of a different manner of charting may not be in accordance with the accepted rules of many hospitals; nor would their introduction necessarily be an advantage.

In Memoriam

Maybelle (Somerville) Barnard, who graduated from St. Luke's General Hospital, Ottawa, in 1919, died recently in Spencerville, Ont.

* * *

Maud Irving Dockerill, who trained in England and came to Canada 40 years ago, died in Vancouver on May 14, 1951, at the age of 83. Miss Dockerill worked for some time in Trail, B.C., before joining the staff of the Vancouver General Hospital.

* * *

Evelyn Faulkner, who graduated from St. Paul's Hospital, Vancouver, in 1924, died last February in Lytton, B.C., following a lengthy illness. Mrs. Faulkner had engaged in both staff and private nursing. A most active alumnae member, she served as president, 1942-45. She was one of the originators of the bursary fund and worked hard for its success.

* * *

Gertrude Gouin, a graduate of Notre Dame Hospital, Montreal, died on May 18, 1951, after a brief illness, in her 41st year. Miss Gouin went overseas in 1942 with No. 17 C.G.H., R.C.A.M.C. Upon her return in 1945 she served for one year at Queen Mary Veterans' Hospital, Montreal, then became an industrial nurse with the Imperial Oil Ltd.

Catherine Manson, who was matron of the Military Hospital in Edmonton during World War I and was on the staff of the Royal Alexandra Hospital until her retirement, died in Moose Jaw, Sask., on May 2, 1951, at the age of 80. Mrs. Manson was an outstanding pioneer nurse. She received official recognition in 1935 during the King George V Jubilee celebrations.

Isotopes

(*continued from page 581*)

the production will be sent to countries overseas. As knowledge of the value of isotopes grows, and as experience in their use accumulates, advantage will be taken of their availability to help in the war against disease.

Few overseas countries have yet made much use of isotopes in industry. The field of possibilities here is even wider, if not so dramatic as that in medicine. X-ray photography can be achieved with radioactive isotopes. They can be used in thickness gauges, in counting the contents of packages, and in reducing the fire risk from static electricity. In these and many other uses radioactive isotopes can be made fully automatic and foolproof. The risk in handling isotopes at the production stage is extremely small. In industrial use, given proper and reasonable safeguards, risk is non-existent.

Ontario

The following are recent staff changes in the Ontario Public Health Nursing Service:

The following public health nurses, having completed the advanced course in administration and supervision in public health nursing at the University of Toronto, are returning, after a year's leave of absence, to their respective agencies: *Alice Klugman* — public health nursing supervisor, Guelph board of health; *Olga Friesen* — Kitchener board of health; *Hazel Fletcher* — Toronto Department of Public Health,

Appointments: *Carrie Genik* (Royal Alexandra Hosp., Edmonton, and U. of T. general course and advanced course in admin. and supervision), formerly public health nursing supervisor, Kenora-Keewatin area health

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For further information write to:

Supt. of Nurses, General Hospital, Winnipeg, Man.

unit, as supervisor with newly organized gen eralized service, Belleville board of health; *Mrs. Jean Ross Rhoten* (Toronto East Gen. and Orthopedic Hosp. and U. of T. gen. course and advanced course in admin. and supervision), previously supervisor, York County health unit, to Kirkland-Larder Lake health unit as public health nursing supervisor; *Margaret Dickie* (Ont. Hosp., New Toronto, and U. of T. gen. course), formerly with Peel County health unit, as senior public health nurse, New Toronto.

Resignations: *Dorothy Adams* and *Margaret MacMillan* from Oxford health unit as senior and staff nurses; *Georgina Bailey* from Halton County health unit; *Helen Jordan* from Prince Edward County health unit; *Florence (MacKenzie) Liddell* from East York-Leaside health unit; *Frances (Ferris) Lindsay* from Scarborough Township board of health; *Myra MacArthur* from Port Arthur board of health; *Eva Rieder* from Kitchener board of health; *Ruth Schissler* from Lambton health unit; *Claire Skales* from Bruce County health unit; *Dorothy Stevenson* from Simcoe County health unit; *Frances Taylor* from Muskoka health unit; *Thelma Walther* from Northumberland and Durham health unit.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Hamilton: *Mary Geiger* and *Margaret Greig* (Hamilton Gen. Hosp.), *Betty Minke* and *Helen Nelles* (B.Sc.N., McMaster University School of Nursing, Hamilton). Montreal: *Mrs. M. Greene* (Montreal Gen. Hosp.) and *Minnie Samuels* (Halifax Infirmary). North Vancouver: *Clara Gould* (Vancouver Gen. Hosp.). Peterborough: *Mrs. E. Fitzsimmons* (University of Alta. Hosp.). Surrey, B.C.: *Isobel Angus* (V.G.H.). Toronto: *Virginia Marshall* (McMaster U.S. of N.). Winnipeg: *Irene Allsen* (Victoria Hosp., Prince Albert, Sask.).

Transfers—*Anna Hanusiak* from Sackville, N.B., as nurse in charge to staff at Moncton; *Marjorie Rideout* from Montreal to Burnaby, B.C.

Resignations—Burnaby: *Norma Kenney* and *Beryl Lucas*. Calgary: *Lois Maxwell*. Collingwood, Ont.: *Sybil Steele* as nurse in charge. Hamilton: *Mary Sopinka*. Leamington, Ont.: *Joan McCann* as nurse in charge.

Montreal: *Jean Ashwell, Olive Bell, Mmes Rhea Lucien, M. Moynihan.* Ottawa: *Anne Thompson.* Saskatoon: *Mrs. S. Newby.* Sherbrooke: *Mrs. K. Baker.* Toronto: *Mrs. I. Hart, Mrs. D. Hollowell, Margaret Joyce, Mrs. C. Lewis, Mrs. M. Lloyd, Margaret McEwen, Ann Teal, Akke Yntema.* Victoria: *Marguerite Butters.* Winnipeg: *Mmes L. Thornton, J. Young.*

News Notes

ALBERTA

VEGREVILLE

The Vegreville Chapter was organized at the General Hospital on March 21, 1950, with Mrs. C. Van Dusen, A.A.R.N. registrar, acting as honorary chairman. The executive was drawn up as follows: President, Mrs. C. Green; vice-president, Mrs. K. Dougan; secretary, Mrs. J. W. Pooke. Rose Laskoski replaced Mrs. Pooke in November, on the latter's resignation. Meetings were held the second Tuesday of each month, with approximately 14 members present. The following programs were presented: Rh Factor, Dr. Y. Yoneda; Dental Caries, Dr. H. Hardin; P.A.S. and Streptomycin, Mr. C. King; Nursing Aides, Miss Ferguson. Films were also shown on cancer, child behavior and growth, and eye, ear, nose and throat.

Funds were used to purchase articles for the hospital, including checkers, playing cards, and flower vases. Knitting of bed slippers was enjoyed by the members during tea which was served after each meeting. The finished products were also donated to the hospital. Delegates represented the chapter at the A.A.R.N. annual meetings and at the C.N.A. biennial convention in Vancouver.

This year's activities closed with a luncheon in honor of G. Hall, C.N.A. general secretary, who was accompanied by Mrs. Van Dusen and Miss Ferguson.

BRITISH COLUMBIA

LADYSMITH

Mabel Leggett is now matron of the local hospital. Prior to assuming this position, she was night supervisor at a Seattle hospital. Mrs. S. Jones has been acting matron.

TRAIL

At the final meeting of the season, Trail Chapter appointed S. Mollard as a delegate to the R.N.A.B.C. annual meeting. The district representative was Mrs. D. Miller. Miss Mollard was also chosen as representative to the committee being formed for the establishment of a local institution for the training and care of retarded and crippled

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NOVA SCOTIA CIVIL SERVICE COMMISSION

For particulars apply to Supt. of Nurses at Sanatorium.

PROFESSIONAL ADJUSTMENTS I and II

By Lena Dixon Dietz, Jacksonville, Illinois. Widely-used textbooks on the specialized adjustments necessary in the nursing profession. Both third edition, 1950. Vol. I, 266 pages, $3.50; Vol. II, 461 pages, $4.25.

MEDICAL ETHICS

By Charles J. McFadden. This top-ranking book, specially written for Catholic nurses, has a wealth of new material in its second edition. 458 pages, 1949, $4.25.

Price Correction: The correct price of Taber's *CYCLOPEDIC MEDICAL DICTIONARY* is, indexed, $5.00; plain, $4.75, and not as stated in our May advertisement.

THE RYERSON PRESS
TORONTO

EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on **October 17, 18 and 19, 1951,** at **Halifax, Yarmouth, Amherst, Sydney,** and **New Glasgow.** Requests for application forms should be made at once and forms MUST BE returned to the Registrar by **September 19, 1951,** together with: (1) Birth Certificate; (2) Provincial Grade XI Pass Certificate; (3) Diploma of School of Nursing; (4) Fee of $10.00.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six weeks of completion of the course in Nursing.

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MacNeal Memorial Hospital,
Berwyn, Illinois.

children. The infirmary at New Denver may possibly be available for the site. Mrs. E. Morris presided at the meeting when a report on the success of the annual nurses' tea, held by Mrs. W. Mainland, and also an executive report presented by Miss Mollard, secretary for West Kootenay District, were given. H. Miller spoke about the special committee, formed to study and express the wish of the chapter on legislative matters respecting the proposed constitution and by-laws of the R.N.A.B.C.

The Alice Chesser Memorial Perpetuating Fund will be used to assist two high school students who will enrol in schools of nursing this fall. A contribution towards the E. Frances Upton Fund for needy nurses internationally was approved. Two needy children will be sent to summer camps. Mrs. E. McGerrigle was appointed representative to the citizens' committee and Mrs. P. Gavrilik replaces Mrs. K. Gordon, program convener, who has left for Quebec. The revision of the personnel practices was approved. Following the business session, Jean Taylor showed some interesting slides, including Trail and district.

The next meeting is scheduled for September 10.

VANCOUVER

St. Paul's Hospital

The Lilac Time Ball was a great success Sincere thanks and appreciation for a job well done to all alumnae members, especially to Mrs. J. E. Rogers, convener, Mrs. B. Bromall who arranged decorations, and Mrs. D. Cowper who handled the raffle. The decorations were extremely clever and represented many hours of planning and work. The proceeds totalled $1,446, $300 going to the Bursary Fund and the rest to the Sick Benefit and Benevolent Fund.

Mrs. K. Johnston, nurse instructor and coordinator, Vancouver Vocational School, was guest speaker at the May alumnae meeting when she outlined the training and activities of the nurses' aides.

L. Belecky of Boise, Idaho, will join the staff of St. Paul's as clinical instructor. L. Banister, who has been doing industrial nursing, will return to the staff. B. Conroy, who has been attending U.B.C. as recipient of the alumnae bursary, will be public health nurse at Rossland. G. Daniels is now with T.C.A.

A plaque, bearing the date of presentation by the classes of 1931-32-33, has been placed on the grand piano in the nurses' home.

MANITOBA

BRANDON

The annual dinner in honor of the graduating classes of the Hospital for Mental Diseases was held recently when approximately 72 were present. Each graduate received a "favor"—a miniature flower vase. Edith Clark, science instructor, presided. L. Arnott, psychiatric nursing instructor, C. Finlayson, Mr. J. McDowell, L. Cummings, and Dr. S. Schultz, medical superin-

tendent, participated in the various toasts. G. Roper, first-year student nurse, contributed a solo. The accompanist was N. Kirkcaldy. An expression of thanks was extended to M. Thomson, dietitian, for the excellent dinner, and to the various committees for their efforts in making the evening a success. Dancing was enjoyed later.

During the season 1950-51, 27 student nurses successfully completed a four-month pre-clinical period and were formally accepted as student nurses of the Hospital for Mental Diseases School of Nursing. Capping ceremonies were held last December and this May.

Mrs. S. Schultz entertained members of the graduating classes of the B.H.M.D. at a tea when Dr. K. Elliott, acting pathologist, and Julia Ryfa, superintendent of nurses, assisted the hostess in receiving guests. R. McCulloch and E. MacKenzie introduced and escorted the guests to the tea room where Mrs. M. Bristow was in charge. Sharing the tea honors were A. Janzen, M. Thomson, Mmes R. Hotson, E. D. Winchell, assisted by N. Kirkcaldy, J. Pachal, L. Arnott, E. Clark, Mmes Ferguson and Henderson.

SELKIRK

Joy Plumridge, of Dryden, Ont., has been appointed supervisor at the Hospital for Mental Diseases.

NEW BRUNSWICK

EDMUNDSTON

On the eve of the graduation exercises of the Hotel Dieu, the local chapter entertained the members of the 1951 class at a late afternoon tea at Madawaska Inn. G. Stevens, president, welcomed the guests, presenting each with a corsage. Mmes J. N. Thibault and W. Emmerson presided at the tea table, assisted by B. Levesque, R. Martin, Y. Picard, G. Stevens, and Mrs. C. Chandler. Twenty-nine of the 31 graduates were present.

MONCTON

It was learned at a dinner meeting of the Nurses' Hospital Aid that the "croupette" had arrived for the pediatric department of the Moncton Hospital. This equipment was demonstrated at the Maritime Hospital Convention held at St. Andrews. The business session was presided over by Mrs. J. Pettet. Mrs. K. Carrol reported on the dinner and dance, sponsored by the Aid for the 1951 graduation class of Moncton Hospital. For the first time, two radiological technologists were included. Mrs. C. McKee gave an interesting account of the Maritime Hospital Convention which she attended. Mrs. Wadman reported on the "Rolling Dollar" which was given to Mrs. G. Allen. Mrs. G. Shaw is to chair a committee for an intensified drive for new members in the Moncton area and to plan for new Aids at Hillsboro and Petitcodiac. At the conclusion of the meeting a Chinese Auction was held on gifts, donated by Mrs. McKee.

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NOVA SCOTIA

Halifax Infirmary

Keen and friendly competition was shown in the public speaking contest held by the members of the senior class of the School of Nursing. The award was granted to Josephine Beaton for her charming spontaneity and sincerity in presenting a fascinating story of the revival of Celtic culture in Nova Scotia, under the caption "Ciad Mile Failte." [Part of it is printed elsewhere in this issue.]

The speeches, with their wide variety of interest, offered instruction and entertainment to a delighted audience of relatives and friends. The enthusiasm and earnestness displayed by the young speakers reflected the thoroughness of their training and the awareness of their importance to society as professional women.

Those taking part included: F. Martin, Dartmouth, chairman; A. Baccardax, Poirierville; N. DeYoung, Eastern Passage; M. Connors and G. Devereaux, St. John's, Nfld.; J. Beaton, Inverness; L. Hirtle, Lunenburg; M. Freeman, Harbor Grace, Nfld.; J. Mantin, Halifax.

A pleasing note was added to the program with vocal solos by Miss Connors and Stefanija Mehle, a pupil of Sr. M. Corona of Mt. St. Vincent. The judges of the contest were Rev. W. Murphy, C.S.C., Sr. M. Rosaria, president, Mt. St. Vincent College, and Magistrate R. J. Flinn, K.C.

INVERNESS

Jessie M. Woodbury, who has served as superintendent of the County Memorial Hospital for the past 25 years, has resigned. Her kindness and ability as a nurse were greatly appreciated by all those who came in contact with her.

ONTARIO

DISTRICT 1

SARNIA

Helen Potts has resigned as superintendent of nurses at the General Hospital.

DISTRICT 5

TORONTO

General Hospital

Forty-five members of the 1926 class of the School of Nursing, many of them from distant parts of Canada, recently gathered at their alma mater to celebrate their Silver Jubilee reunion.

Taking a prominent part in reunion activities was Mary E. Macfarland, a member of the Jubilee class, who has served her hospital since graduation and who has been superintendent of nurses there since 1942. Miss Macfarland was hostess at the dinner in the east residence when special guests included the school's former instructors—Mary M. Griffin and Margaret (Dulmage) Wiseman, and Margaret Balmer, house mother. Bud Thoburn was toast-mistress.

The guests also enjoyed luncheon in the hospital's private pavilion. They later toured the new Hospital for Sick Children under the guidance of Jean Masten, superintendent of nurses. A visit to Sunnybrook Hospital was scheduled as well as a tea at the home of Mrs. S. Stanbury.

District 7

Brockville

John Matheson, a Brockville lawyer, was the guest speaker at a recent meeting of Brockville Chapter when he discussed many interesting legal matters of special interest to nurses, mentioning the Ontario Nurses' Registration Act.

In May, about 50 members were guests of George T. Fulford, M.P. for Leeds, at Ottawa. Attending a session of parliament, they also toured the Parliament Buildings and at night were guests in the Parliamentary Dining Room.

The following officers will serve during the coming months: President, Mrs. L. Park; vice-presidents, Mrs. G. F. Haggerty, R. Carberry; secretary-treasurer, M. Holley. Committees: Program, Sr. M. Muriel, D. MacMillan, M. Macartney; membership, Mrs. R. Warner, E. Thorpe, Sr. M. Julie (replacing Sr. Patrice who was transferred to Moose Jaw, Sask.); associate membership, Mrs. H. W. Greene; publicity, J. Saunders. The representative to *The Canadian Nurse* is Mrs. B. Kirker.

SASKATCHEWAN

Saskatoon

St. Paul's Hospital

The month of May was a time of great activity when the following events took place: Banquet and dance given by second-year student nurses for their "Big Sisters"; E. Lang was banquet and dance convener and toast-mistress. Tea, convened by K. Lipka, given by the Freshman Class, for graduates and their parents, who were received by Sr. A. Ste. Croix and Sr. B. Bezaire, superior; M. Mackenzie, S. Leeper, and Mrs. I. Redston; the tea was preceded by Benediction in the hospital chapel, with an address by Chaplain Rev. C. Kramer. Graduation Mass, offered by His Excellency Bishop P. F. Pocock, who first presented the school pins and addressed the new graduates; a graduation breakfast was held later with commencement exercises taking place in the evening. Hospital Day at St. Paul's; Mothers' Day—all St. Paul's new babies presented their mothers with carnations placed on breakfast trays; Sheila Clark, student nurse, sang "That Wonderful Mother of Mine" over the call system. "Farmers' Frolic" taking the place of the usual monthly supervisors' meeting.

By arrangement with the Saskatchewan Department of Public Health, Mrs. F. Cross, supervisor of the polio wing at St. Paul's for the past three years, has left for the University of Pittsburgh to take a summer course in the treatment of poliomyelitis. P. Phillips, from the operating department, has joined the staff of Johns Hopkins Hospital, Baltimore, for a six-month course and will return to St. Paul's in the fall. L. Zuk, who received the 1950 bursary, is taking further study at the Hospital for Sick Children, Toronto.

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Advertising Rates—$5.00 for 3 lines or less; $1.00 for each additional line.

Nursing Arts Instructor for small School of Nursing. Degree required. Salary: $300 per mo. Apply Director of Nursing, St. Joseph Hospital, Mt. Clemens, Michigan.

Science Instructor for small School of Nursing starting Sept. 1. Good salary. 40-hr. wk. & 4 wks. vacation per yr. Apply Director of Nurses, Jeffery Hale's Hospital, Quebec City, Que.

Floor Supervisor for 50-bed hospital in town on Lake Ontario. Hours: 4-12 & 12-8 rotating monthly. Salary: $210 & $200 per mo. respectively. Apply, stating qualifications & experience, Supt., General Hospital, Cobourg, Ont.

Supervisor immediately for Home for Chronically Ill. Apply Supt., 2 Barton St., Ottawa, Ont.

Registered & Graduate General Duty Nurses for 40-bed hospital. 8-hr. day. 3 wks. vacation after 1 yr. service. 2 wks. sick leave. Apply Supt., Arnprior & District Memorial Hospital, Arnprior, Ont.

General Duty Nurses (2) for 60-bed hospital. 48-hr. wk. Salary: $125 per mo. with 3 annual increments of $5.00. Full maintenance. 4 wks. vacation at end of 1 yr. service. Apply Supt., General Hospital, Goderich, Ont.

Nurses for County Hospital, Huntingdon, Quebec. Small hospital on Chateauguay River, 50 miles from Montreal—10 miles from U.S. border, 8 miles from Lake St. Francis on St. Lawrence River. Excellent working conditions. Salary: $125 per mo. with full maintenance & annual increase of $60 after 6 mos. service. 1 mo. holidays per yr. Excellent recreational facilities in community—2 theatres, badminton, bowling, swimming, tennis, etc. Apply Mrs. B. Grant, R.N., Matron.

Registered Nurses for General Duty in 35-bed hospital. Salary: $150 per mo. with room & board. $5.00 increase after every 6 mos. service. Separate nurses' residence. 8-hr. shift. 2 wks. holiday with pay & 2 wks. in lieu of statutory holidays. Apply Matron, Municipal Hospital, Vulcan, Alta.

General Duty Nurse for Municipal Hospital, Brooks, Alta. Situated on C.P.R. main line between Winnipeg & Vancouver. Salary: $145 & full maintenance with $5.00 increment every 6 mos. Sick leave with pay. Holidays with pay & statutory holidays each yr. 8-hr. day, 6-day wk. District noted for hunting, fishing & holiday resorts located on Trans-Canada highway. Apply Miss M. Ellis, Supt.

General Duty Nurses for modern, well-equipped hospital in picturesque Lakehead. 45-hr. wk. Cumulative sick leave. 1 mo. vacation after 1 yr. service. Gross salary per mo.: $185 less $20 for meals. A further $25 charged if living in residence. Annual increment. Railway fare up to $50 with 1 yr. contract. **Pediatric Supervisor** (teaching & administrative). $225. **Asst. Night Supervisor.** Rotating 3-11, 11-7. $225-235 depending on qualifications. Apply Director of Nursing, General Hospital, Port Arthur, Ont.

General Duty Nurses for 90-bed hospital in B.C.'s Cariboo District. Salary: $185 less $40 maintenance in comfortable nurses' home. Yearly increase of $7.50. Fare refunded after 6 mos. service. 44-hr. wk. 28 days holiday after 1 yr. service. Proportionate holidays after 6 mos. All statutory holidays. Progressive town offers wide variety of winter & summer sports. Twice daily plane service to Vancouver. For further information apply Miss G. Gowans, Director of Nursing, Prince George & District Hospital, Prince George, B.C.

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HYSTERIA-MENOPAUSE-EXCITEMENT

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Valerian and Strontium Bromide without Barbital, 2 tablespoonful 3 times daily after meals.

For insomnia: 1 tablespoonful before retiring.

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Instructor of Nurses for 55-bed hospital. Apply, stating age, experience & salary expected, F. L. Weldon, Sec.-Treas., Ross Memorial Hospital, Lindsay, Ont.

Instructor of Nursing & Clinical Supervisor. Apply Director of Nursing, Victoria Public Hospital, Fredericton, N.B.

British Columbia Civil Service requires: ***Registered Nurses for General Staff Duty for the Division of Tuberculosis Control***—*Vancouver Unit:* 225-bed T.B. Hospital, located at 2647 Willow St., Vancouver. All major services & student affiliation course. Registration in B.C. required. Gross salary: $182 per mo. Annual increments of $60 (over 5-yr. period). No residence accommodation. *Tranquille Unit:* 350-bed T.B. Hospital, located 12 miles from Kamloops in southern interior. All major services except student affiliation. Gross salary: $188.50 per mo. Annual increments of $60 (over 5-yr. period). New modern residence; attractive bed-sitting rooms. Recreational facilities. Main tenance deduction: Room $5.00; laundry $2.50. Excellent food at 20 cts. per meal. ***Conditions—Both Units***: 8-hr. day, 5½-day wk. rotating shifts. 4 wks. annual vacation with pay plus 11 statutory holidays. Sick leave, 20 days per yr. (14 cumulative). Promotional opportunities. Superannuation. Write for information & applications to Supt. of Nurses in respective Units or to Director of Nursing, Division of T.B. Control, 2647 Willow St., Vancouver, B.C.

Dietitian for 100-bed hospital. Salary depends on experience & qualifications. For particulars apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

Nursing Arts Instructor & Clinical Instructor for 170-bed General Hospital. 80 students. Degree & some experience desired. Social Security. Salary commensurate with preparation. Also **General Duty Nurses.** Beginning salary: $200. Sick leave cumulative to 24 days. 44-hr. wk. 2 wks. vacation with pay. Apply Director of Nurses, St. Benedict's Hospital School of Nursing, Ogden, Utah.

Nursing Arts Instructor for General Hospital, Hamilton, Ont. Nurse experienced in bedside nursing & ward administration & with post-graduate course in Teaching & Supervision required. Initial gross salary bi-weekly: $99 plus Cost of Living Bonus of approx. $3.00. 44-hr. wk. For other perquisites—vacation, illness, pension, etc.—& further information apply Supt. of Nurses.

Graduate Floor Duty Nurses for Mt. Hamilton Maternity Hospital, Hamilton, Ont. 44-hr. wk. Statutory holidays. Initial gross salary bi-weekly: $79 plus Cost of Living Bonus. For other perquisites & further information write Supt.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross initial bi-weekly salary: $79 plus Cost of Living Bonus of approx. $3.00. 44-hr. wk. For other perquisites & further information write C. E. Brewster, Supt. of Nurses.

Science Instructor & Clinical Supervisor. Full maintenance. Ideal living conditions. Apply Miss C. MacCullie, Director of Nursing, General Hospital, Woodstock, Ont.

Public Health Nurses for Northumberland-Durham Health Unit following the marriage of 5 staff nurses during past yr. Generalized program in towns & rural areas provides experience in all phases of public health. Salary schedule: $2,200-2,900. Car provided or car allowance. Inquiries to Dr. C. W. MacCharles, Director, Northumberland-Durham Health Unit, Cobourg, Ont.

CANADIAN RED CROSS SOCIETY

invites applications for **Administrative** and **Staff** positions in **Hospital, Public Health Nursing Services,** and **Blood Transfusion Service** for various parts of Canada.

- The majority of opportunities are in **Outpost Services** in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances.

For further particulars apply:

National Director, Nursing Services, Canadian Red Cross Society, 95 Wellesley St., Toronto 5, Ontario.

Alberta Civil Service, Tuberculosis Division, Dept. of Health, requires: ***Registered General Duty Nurses***; also ***Tuberculosis Trained Nurses*** by Sept. 1 for opening of new 300-bed Aberhart Memorial Sanatorium, located on University Campus, City of Edmonton. All major services. Salary: General Duty, $150 per mo. plus Cost of Living Bonus, at present $32.50. Annual increment, $60 over 4-yr. period. Charge Nurses, $160 per mo. Cost of Living Bonus & annual increments as above. 8½-hr. day, 5½-day wk. Rotating shifts for General Duty Nurses. 33-day annual vacation. Sick leave determined by length of service. Pension Plan. Nurses' Residence (bed-sitting rooms) ready for occupancy Nov. 1. Deduction for those living in, $30 per mo. for room, board, laundry. Information & application forms available from Supt. of Nurses, Central Alberta Sanatorium, Calgary, Alta.

General Duty Nurses for 350-bed Tuberculosis Hospital in centre of Laurentian summer & winter resort area, 2 hrs. from Montreal. Starting salary: $125 per mo. plus full maintenance. Attractive working hrs. with 1½ days off weekly & 1 week-end each mo. 1 mo. annual vacation. 14 days sick leave. Apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

Graduate Nurses for modern 100-bed hospital, 60 miles from Vancouver on Trans-Canada highway. Basic salary: $175 plus present C.O.L. adjustment $5 increase. 4 annual increments, $10, $5, $5, $5. Board, residence, laundry charges, $35 per mo. 44-hr. wk. 10 statutory holidays: 28 days annual vacation. 1½ days sick leave per mo. accumulative to 36 days. Apply Supt. of Nurses, Chilliwack Hospital, Chilliwack, B.C.

General Duty Nurses. Salary: $163.40 per 4 wks. 26 pays in a yr. on a bi-weekly basis. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day: 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

Nursing Arts Instructor for teaching staff of 450-bed hospital. 165 students. Apply, stating qualifications, Director of Nursing, General Hospital, Saint John, N.B.

Vancouver General Hospital requires: **General Staff Nurses**—Salary: $185-215 plus afternoon & night shift differential. Perquisites: 44-hr. wk.; 11 statutory holidays; 28 days vacation; 1½ days per mo. cumulative sick leave; Pension Plan (if under 35). Apply Director of Nursing, General Hospital, Vancouver, B.C.

Nursing Arts Instructor immediately. University certificate or degree in nursing education & supervision essential. Generous personnel policies. 200-bed hospital in Niagara Peninsula. 36 students entering Sept. 4. Send full details in 1st letter to Helen K. Robinson, Asst. Director of Nursing, General Hospital, St. Catharines, Ont.

General Duty Nurse—medical, surgical, pediatrics, contagious, maternity, tuberculosis. Beginning salary: $255 with $10 differential for all except medical & surgical. Same differential for evening & night shifts. 680-bed hospital with School of Nursing. 40-hr. wk. 11 paid holidays. 3 wks. vacation. Laundry. Cumulative sick leave. Apply Director of Nursing Service, General Hospital, Fresno, California.

Registered Nurses, General Staff, for new hospital opened July. Starting gross salary: $175 per mo. 46-hr. wk. 2 increases in salary. $10 differential for afternoon duty. 28 days vacation after 1 yr. For further details apply Director of Nurses, General Hospital, Guelph, Ont.

Head Nurse for Tuberculosis Sanatorium, Foothills. Salary: $278 less $37.50 maintenance. Apply Wish-I-Ah Sanatorium, Auberry, California.

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
- Transportation while on duty.
- Vacation with pay.
- Retirement annuity benefits.

For further information write to:

Chief Superintendent,
Victorian Order of Nurses for Canada,
193 Sparks Street,
Ottawa.

General Duty Nurses for Operating Room, Pediatrics, General, Surgical & Medical Nursing for summer relief or permanent positions. For information & personnel policies apply Director of Nursing, Victoria Hospital, London, Ont.

Operating Room Supervisor. Also **Instructors (2).** Good salaries. Sick leave. 1 mo. annual holiday. Blue Cross Hospital Plan. New hospital under construction. For full information apply Miss H. M. Bartsch, Charlotte County Hospital, St. Stephen, N.B.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock. Initial salary: $1,840 per annum plus $240 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 44-hr. wk. Apply Supt. of Nurses at above hospitals.

Public Health Nurses immediately for Greater Montreal Branch, Victorian Order of Nurses. Interesting program of nursing care & health counselling in homes. Stimulating staff education program. 5-day wk. 4 wks. vacation. Initial salary: $2,160. Apply District Supt., V.O.N. 1246 Bishop St., Montreal 25, Que.

Staff Nurses, eligible for registration in Michigan, for all services in modern 200-bed hospital. Salary: $226 per mo. for 40-hr. wk. 6 mos. increase. $10 extra for 3-11 & 11-7 duty. 7 paid holidays. 2 wks. vacation & 12 days sick leave per yr. Cafeteria meal service. Laundry furnished. Apply Supt. of Nurses, General Hospital, Pontiac 18, Michigan.

Graduate Nurses (male & female) for 45-bed hospital. Salary: $120 per mo. plus full maintenance. 8-hr. day, 6-day wk. 3 wks. vacation with pay after yr. of service. 7 statutory holidays. Sick time allowance. Apply Supt., County of Bruce General Hospital, Walkerton, Ont.

Nursing Arts Instructor, Asst. Operating Supervisor, Night Supervisor, General Duty Nurses for 200-bed General Hospital. Salaries: $195, 195, 205, & 175 plus Cost of Living Bonuses, respectively. 8-hr. day, 88-hr. fortnight. Statutory holidays. Sick time. 4 wks. annual vacation. Apply Supt. of Nurses, Royal Inland Hospital, Kamloops, B.C.

Registered Nurses for General Staff Duty on Rotation Service. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal 25, Que.

General Duty Nurses for 400-bed hospital. New Wing just opened. 8-hr. day, 44-hr. wk. 10 statutory holidays. B.C. registration required. Salary: $175 basic. Credit for past experience. Annual increments. Vacation: 28 days after 1 yr. Sick leave: 1½ days per mo. cumulative. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Public Health Nurse for Brooks Health District. Car & 2-room suite provided. Apply G. E. Smith, Sec., Brooks, Alta.

Registered, Graduate & Undergraduate Nurses for small hospital in attractive northern Ontario town. Salary: $140 per mo. plus full maintenance to R.N.'s. Others according to qualifications. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

General Staff Nurses for active 35-bed General Hospital, 50 miles from Toronto. Apply Supt., Lord Dufferin Hospital, Orangeville, Ont.

Asst. Supervisor for Operating Room of 450-bed General Hospital. Apply, stating qualifications & salary expected, Director of Nursing, General Hospital, Saint John, N.B.

PROVINCIAL MENTAL HEALTH SERVICES OF BRITISH COLUMBIA

SCHOOL OF PSYCHIATRIC NURSING

Announces a six-month course in ***Psychiatric Nursing*** for *Graduate Registered Nurses.*

The course includes lectures in Psychiatry, Psychiatric Nursing, Clinical Ward Experience, Demonstrations in Field Trips. It provides specialization to prepare Graduate Nurses for Head Nurse positions.

During the entire period the student will receive a monthly stipend of $75 per month. Residence & meals will be supplied at a very reasonable cost or the student may live out if desired. Laundry is provided free of charge. The hospital offers recreational facilities & is within easy travelling distance to Vancouver & New Westminster.

For information apply to:

Director of Nursing, Provincial Mental Hospital, Essondale, B.C.

Graduate Nurses for completely modern West Coast hospital. Salary: $190 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

Graduate Nurse for Charge of Operating Room for minor surgery in Tuberculosis Hospital. For further particulars apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

General Staff Duty Nurses for 31-bed General Hospital. Rotating service. Gross salary: $185. Increments in 6 mos. & 1 yr. 8-hr. day. 44-hr. wk. 1 mo. vacation. Apply Matron, General Hospital, Ladysmith, B.C.

General Duty Nurses for Children's Hospital, 250 W. 59th Ave., Vancouver, B.C. 44-hr. wk. Credit given for past experience. 28 days vacation; also statutory holidays. B.C. registration requested. Apply Supt. of Nurses.

Registered Nurses for Operating Room & General Staff Duty for University of Alberta Hospital, Edmonton. (640 beds to be increased to 950 with opening of new wing in Sept.) Gross salary: $195 per mo.—1st yr.; $205—2nd yr.; $215—3rd yr. of service in hospital. $25 per mo. deducted for meals & laundry. 11 statutory holidays annually. Sick leave, 3 wks. after 1 yr. service with annual increase of 1 wk. to maximum of 13 wks. Blue Cross coverage on 50% employee contributory basis. Pension Plan. 1st class railway fare to Edmonton refunded after 1 yr. continuous service. Pleasant university environment. Apply Supt. of Nursing Services.

Matron. Salary: $195 per mo. less $20 for maintenance. **General Duty Nurses (2).** Salary: $165 per mo. less $20 for maintenance. 17-bed hospital. Pleasant working conditions. Convenient to Calgary & Edmonton. Hospital Board will pay railway fare if period of employment is 6 mos. or over. 1 mo. leave with pay after 1 yr. service. Statutory holidays. 48-hr. wk. with no split shifts. Apply A. J. Schmiedl, Sec.-Treas., Municipal Hospital, Elnora, Alta.

Science Instructor for School of Nursing with 90-100 students. 36 students enrolled for Sept. class. 1 class per yr. Post-graduate training essential. Good classroom facilities. Apply, stating qualifications, Director of Nursing, Civic Hospital, Peterborough, Ont.

Operating Room Supervisor for General Hospital, averaging 30-35 operations daily. Also **General Staff Nurses** with Operating Room experience. Apply, stating age, qualifications & experience, c/o Box C, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Asst. Instructor of Nurses for 203-bed hospital. 70 students. Apply, stating qualifications, experience, etc., Supt. of Nurses, General Hospital, Glace Bay, N.S.

Public Health Nurses by Sept. 1 for Township of York. Pension Plan. Apply Dr. W. E. Henry, Medical Officer of Health, 2700 Eglinton Ave. W., Toronto 9, Ont.

Asst. Matron & Clinical Instructor for 138-bed hospital. Apply, stating qualification & when available & for further information, Matron, King Edward VII Memorial Hospital, Bermuda.

Nursing Clinical Instructor for 390-bed hospital with school of 200 students—to work with another clinical instructor. Separate office in hospital. 1 mo. vacation. Sick leave. Pension plan. Salary in accordance with Sask. Reg. Nurses' Ass'n recommendations. Apply Director of Nursing, City Hospital, Saskatoon, Sask.

Registered Nurses (2) by Oct. 15 for 22-bed hospital. 150 miles from Calgary & Edmonton. Good bus service. Salary: $135 per mo. Full maintenance. $50 bonus every 6 mos. if not ill during yr. 12 days sick pay extra. 1 mo. holiday with pay after 1 yr. service. Apply Mrs. E. V. Wood, Matron, Hospital, Rocky Mountain House, Alta.

District Supervisor, Public Health Nursing. Urban area of approx. 40,000 pop. Generalized program. Apply Director, Public Health Nursing, Dept. of Health, Transportation Bldg., Ottawa, Ont.

Registered Nurses for General Duty at Lyndhurst Lodge, Canadian Paraplegic Ass'n. 8-hr. day, 44-hr. wk. 3 wks. annual leave. 8 statutory holidays. Sick leave, 30 days. Annual salary: $2,040 with yearly increases to $2,400. Write Dr. A. T. Jousse, Lyndhurst Lodge, 153 Lyndhurst Ave., Toronto 10, Ont.

Asst. Supt. of Nurses & Nursing Arts Instructor for Provincial Mental Hospital, Ponoka, Alta. 1,450-bed, active treatment hospital, conducting an accredited School. Apply, stating qualifications, experience & year of graduation, to Supt. of Nurses.

Clinical Instructors—one Medical & Surgical; one Obstetrical & Pediatric for small School of Nursing. Degree required. Salary: $300. Apply Director of Nursing, St. Joseph Hospital, Mt. Clemens, Michigan.

Librarian, Medical Records for 250-bed hospital. City of 50,000,75 miles from New York. Salary: $4,200 per annum. Apply Administrator, Vassar Brothers Hospital, Poughkeepsie, New York.

Public Health Nurse or Graduate Nurse (qualified) for specialized School Health Service. Salary according to qualifications & experience. Car allowance. Apply L. R. McGill, Administrator, Box 54, Owen Sound, Ont.

Public Health Nurses for expanding Health Unit immediately south of Calgary. Salary on scale: $2,040-2,640. Superannuation. 3 wks. holiday & provision for sick leave. Apply Dr. G. H. Ball, M.O.H., Foothills Health Unit, High River, Alta.

Public Health Nurses for Provincial Health Unit with rural generalized program. Car provided or car allowance. Apply in writing, stating qualifications, experience, age, etc., Miss Mona Wilson, Director, Public Health Nursing Division, 188 Prince St., Charlottetown, P.E.I.

Public Health Nurses (2) immediately. Starting salary: $2,220. Previous experience qualified for higher salary. Cost of transportation to Port Arthur refunded after working 3 mos. Car allowance or free transportation while on duty. Pension plan after 3 yrs. Apply, stating qualifications & experience, Arthur H. Evans, Sec., Board of Health, Port Arthur, Ont.

Registered Nurses for General Duty for 20-bed Isolation Hospital. Salary: $190 per mo. Meals & laundry. 8-hr. broken duty. 5½-day wk. Apply Arthur H. Evans, Sec., Board of Health, Port Arthur, Ont.

Staff Nurse immediately for 36-bed hospital. Salary: $185 with increments. Full maintenance provided for $35 per mo. Apply Supt. of Nurses, Nicola Valley General Hospital, Merritt, B.C.

Graduate Nurses for General Duty. Gross salary: $180 with additional $5.00 when registered in British Columbia. Annual increments. Statutory holidays. Good living accommodation & cafeteria service at reasonable cost. Apply Supt. of Nurses, West Coast Hospital, Port Alberni, V.I., B.C.

Registered Nurse for General Duty in small General Hospital. Salary: $140 per mo. plus full maintenance. 5½-day wk. Apply Supt., Louise Marshall Hospital, Mt. Forest, Ont.

Registered Nurses (experienced) to act as **Matron** for new 15-bed hospital. Salary: $200 per mo. & maintenance. Salary adjustable. Apply, stating experience & references, P. J. Rasmussen, Sec.-Mgr., Community Hospital, Climax, Sask.

General Staff Nurses. 44-hr. wk, 8-hr. day. Gross monthly salary: $193.50 ($210.50 less perquisites—2 meals & laundry, $22.50). Apply Director of Nursing, Civic Hospital, Ottawa, Ont.

Director of Nurse Education for 320-bed Sanatorium for Tuberculosis. Starting salary: $225 per mo. gross. 44-hr. wk. 3 wks. annual vacation. Pension plan. Group insurance. Blue Cross Hospital Plan. For further information apply Director of Nurses, Fort William Sanatorium, Fort William, Ont.

Asst. Director of Nursing. Full maintenance. Ideal living conditions. Apply Miss C. MacCullie, Director of Nursing, General Hospital, Woodstock, Ont.

Official Directory

CANADIAN NURSES' ASSOCIATION

1411 Crescent St., Montreal 25, Que.

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Past President..... Miss Ethel Cryderman, V.O.N., 281 Sherbourne St., Toronto 2, Ont.

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Third Vice-President..... Miss Bertha L. Pullen, General Hospital, Winnipeg, Man.

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New Brunswick..... Miss Muriel Hunter, Provincial Health Dept., Fredericton.

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Registered Nurses' Ass'n of Ontario, Miss Florence H. Walker, 515 Jarvis St., Toronto 5.

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Association of Nurses of the Province of Quebec, Miss Margaret M. Street, 506 Medical Arts Bldg., Montreal 25.

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International Council of Nurses: 19 Queen's Gate, London S.W. 7, England. *Executive Secretary*, Miss Daisy C. Bridges.